

# **Your Blood Sugar Diary**

Your health care provider will let you know how often you should check your blood sugar. Keep this diary inside the case, bag, or kit where you keep all your diabetes supplies and take it everywhere you go. Tracking and checking your blood sugar is an important part of managing your type 1 diabetes. It lets you and your health care provider know if your current treatment plan is working, or if any adjustments need to be made.

This diary will help you keep track of:

- Your blood sugar numbers
- The effects diet and exercise have on your numbers
- How you are feeling
- The medicines you take

You should share this diary with your health care provider at your next appointment.

When you run out of space here, download the Blood Sugar Tracker at type1.Cornerstones4Care.com to continue recording your numbers and tracking.

Day/Date	







2nd Blood Sugar Reading	3rd Blood Sugar Reading	4th Blood Sugar Reading	5th Blood Sugar Reading	6th Blood Sugar Reading
#:	#:	#:	#:	#:
Time:	Time:	Time:	Time:	Time:
Insulin I took	Insulin I took	Insulin I took	Insulin I took	Insulin I took
Long-acting Dose:  Mealtime Dose:	Dose:  Mealtime Dose:	Dose:  Mealtime Dose:	Dose: Mealtime	Long-acting Dose:  Mealtime Dose:
Snack	Lunch	Snack	Dinner	Snack
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	#: Time: Insulin I took Long-acting Dose: Mealtime Dose: Snack	#: #: Time: Time: Insulin I took Insulin I took Long-acting Dose: Dose: Mealtime Dose: Dose: Mealtime Dose: Lunch	Sugar Reading Sugar Reading Sugar Reading #: #: #:  Time: Time: Time: Time:  Insulin I took Insulin I took Insulin I took  Long-acting Dose: Dose: Dose: Mealtime Dose: Dose: Snack Lunch Snack	Sugar Reading Sugar Reading Sugar Reading Sugar Reading #: #: #: #:  Time: Time: Time: Time: Time: Time:  Insulin I took Insulin I took Insulin I took Insulin I took  Long-acting Dose: Dose: Dose: Mealtime Dose: Mealtime Dose: Snack Lunch Snack Dinner

Daily Tip: Find healthy substitutions for your favorite foods at type1.Cornerstones4Care.com.

Day/	Date	,	··Vi	







1st Blood Sugar Reading	2nd Blood Sugar Reading	3rd Blood Sugar Reading	4th Blood Sugar Reading	5th Blood Sugar Reading	6th Blood Sugar Reading
#:	#:	#:	#:	#:	#:
Time:	Time:	Time:	Time:	Time:	Time:
Insulin I took					
Long-acting Dose:					
Mealtime Dose:					
Breakfast	Snack	Lunch	Snack	Dinner	Snack
Activities					113

Day/	Date	,	··Vi	







1st Blood Sugar Reading	2nd Blood Sugar Reading	3rd Blood Sugar Reading	4th Blood Sugar Reading	5th Blood Sugar Reading	6th Blood Sugar Reading
#:	#:	#:	#:	#:	#:
Time:	Time:	Time:	Time:	Time:	Time:
Insulin I took					
Long-acting Dose:					
Mealtime Dose:					
Breakfast	Snack	Lunch	Snack	Dinner	Snack
Activities					113

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#:	#:	#:	#:	#:	#:
Time:	Time:	Time:	Time:	Time:	Time:
Insulin I took					
Long-acting Dose:					
Mealtime Dose:					
Breakfast	Snack	Lunch	Snack	Dinner	Snack
Activities					113







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#:	#:	#:	#:	#:	#:
Time:	Time:	Time:	Time:	Time:	Time:
Insulin I took					
Dose:  Mealtime Dose:	Dose:  Mealtime Dose:	Dose:  Mealtime Dose:	Dose:  Mealtime Dose:	Dose: Mealtime	Long-acting Dose:  Mealtime Dose:
Breakfast	Snack	Lunch	Snack	Dinner	Snack
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Activities					

Daily Tip: Small changes in physical activity can make a big difference. Find creative ways to get moving at type1.Cornerstones4Care.com.

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1st Blood Sugar Reading	2nd Blood Sugar Reading	3rd Blood Sugar Reading	4th Blood Sugar Reading	5th Blood Sugar Reading	6th Blood Sugar Reading
#:	#:	#:	#:	#:	#:
Time:	Time:	Time:	Time:	Time:	Time:
Insulin I took					
Long-acting Dose:					
Mealtime Dose:					
Breakfast	Snack	Lunch	Snack	Dinner	Snack
Activities					113

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Time:	Time:	Time:	Time:	Time:	Time:
Insulin I took					
Long-acting Dose:					
Mealtime Dose:					
Breakfast	Snack	Lunch	Snack	Dinner	Snack
Activities					113

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Time:	Time:	Time:	Time:	Time:	Time:
Insulin I took					
Long-acting Dose:					
Mealtime Dose:					
Breakfast	Snack	Lunch	Snack	Dinner	Snack
Activities					113

Day/Date	

#### How | Feel Today: OOOO







1st Blood Sugar Reading	2nd Blood Sugar Reading	3rd Blood Sugar Reading	4th Blood Sugar Reading	5th Blood Sugar Reading	6th Blood Sugar Reading
#:	#:	#:	#:	#:	#:
Time:	Time:	Time:	Time:	Time:	Time:
Insulin I took					
Long-acting Dose:					
Mealtime Dose:					
Breakfast	Snack	Lunch	Snack	Dinner	Snack
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Activities					

Daily Tip: Do you know how many carbohydrates are in your favorite foods? Find out at type1.Cornerstones4Care.com.

Day/	Date	,	··Vi	







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Insulin I took					
Long-acting Dose:					
Mealtime Dose:					
Breakfast	Snack	Lunch	Snack	Dinner	Snack
Activities					113

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Time:	Time:	Time:	Time:	Time:	Time:
Insulin I took					
Long-acting Dose:					
Mealtime Dose:					
Breakfast	Snack	Lunch	Snack	Dinner	Snack
Activities					113

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Time:	Time:	Time:	Time:	Time:	Time:
Insulin I took					
Long-acting Dose:					
Mealtime Dose:					
Breakfast	Snack	Lunch	Snack	Dinner	Snack
	N E				
Activities					

Daily Tip: Find healthy substitutions for your favorite foods at type1.Cornerstones4Care.com.

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Time:	Time:	Time:	Time:	Time:	Time:
Insulin I took					
Long-acting Dose:					
Mealtime Dose:					
Breakfast	Snack	Lunch	Snack	Dinner	Snack
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Activities				1	

Daily Tip: Learn more about the signs and symptoms of hypos with our helpful fact sheet. Get it at type1.Cornerstones4Care.com.

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Time:	Time:	Time:	Time:	Time:	Time:
Insulin I took					
Long-acting Dose:					
Mealtime Dose:					
Breakfast	Snack	Lunch	Snack	Dinner	Snack
Activities					113

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Time:	Time:	Time:	Time:	Time:	Time:
Insulin I took					
Long-acting Dose:					
Mealtime Dose:					
Breakfast	Snack	Lunch	Snack	Dinner	Snack
Activities					113

Day/	Date	,	··Vi	







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Time:	Time:	Time:	Time:	Time:	Time:
Insulin I took					
Long-acting Dose:					
Mealtime Dose:					
Breakfast	Snack	Lunch	Snack	Dinner	Snack
Activities					113

Day/Date_				How I Feel Today:	000		
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2nd Blood Sugar Reading	3rd Blood Sugar Reading	4th Blood Sugar Reading	5th Blood Sugar Reading	6th Blood Sugar Reading
#:	#:	#:	#:	#:
Time:	Time:	Time:	Time:	Time:
Insulin I took	Insulin I took	Insulin I took	Insulin I took	Insulin I took
Long-acting Dose:  Mealtime Dose:	Dose:  Mealtime Dose:	Dose:  Mealtime Dose:	Dose: Mealtime	Long-acting Dose:  Mealtime Dose:
Snack	Lunch	Snack	Dinner	Snack
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	#: Time: Insulin I took Long-acting Dose: Mealtime Dose: Snack	#: #: Time: Time: Insulin I took Insulin I took Long-acting Dose: Dose: Mealtime Dose: Dose: Mealtime Dose: Lunch	Sugar Reading Sugar Reading Sugar Reading #: #: #:  Time: Time: Time: Time:  Insulin I took Insulin I took Insulin I took  Long-acting Dose: Dose: Dose: Mealtime Dose: Dose: Snack Lunch Snack	Sugar Reading Sugar Reading Sugar Reading Sugar Reading #: #: #: #:  Time: Time: Time: Time: Time: Time:  Insulin I took Insulin I took Insulin I took Insulin I took  Long-acting Dose: Dose: Dose: Mealtime Dose: Mealtime Dose: Snack Lunch Snack Dinner

Daily Tip: Being active can help lower blood sugar levels and has many other health benefits. Learn more about them at type1.Cornerstones4Care.com.

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1st Blood Sugar Reading	2nd Blood Sugar Reading	3rd Blood Sugar Reading	4th Blood Sugar Reading	5th Blood Sugar Reading	6th Blood Sugar Reading
#:	#:	#:	#:	#:	#:
Time:	Time:	Time:	Time:	Time:	Time:
Insulin I took					
Long-acting Dose:					
Mealtime Dose:					
Breakfast	Snack	Lunch	Snack	Dinner	Snack
Activities					113

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1st Blood Sugar Reading	2nd Blood Sugar Reading	3rd Blood Sugar Reading	4th Blood Sugar Reading	5th Blood Sugar Reading	6th Blood Sugar Reading
#:	#:	#:	#:	#:	#:
Time:	Time:	Time:	Time:	Time:	Time:
Insulin I took					
Long-acting Dose:					
Mealtime Dose:					
Breakfast	Snack	Lunch	Snack	Dinner	Snack
Activities					113

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1st Blood Sugar Reading	2nd Blood Sugar Reading	3rd Blood Sugar Reading	4th Blood Sugar Reading	5th Blood Sugar Reading	6th Blood Sugar Reading
#:	#:	#:	#:	#:	#:
Time:	Time:	Time:	Time:	Time:	Time:
Insulin I took					
Long-acting Dose:					
Mealtime Dose:					
Breakfast	Snack	Lunch	Snack	Dinner	Snack
Activities					113

Day/Date	

#### How | Feel Today: OOOO







1st Blood Sugar Reading	2nd Blood Sugar Reading	3rd Blood Sugar Reading	4th Blood Sugar Reading	5th Blood Sugar Reading	6th Blood Sugar Reading
#:	#:	#:	#:	#:	#:
Time:	Time:	Time:	Time:	Time:	Time:
Insulin I took					
Long-acting Dose:					
Mealtime Dose:					
Breakfast	Snack	Lunch	Snack	Dinner	Snack
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Activities				1	

Daily Tip: Create a menu of tasty, diabetes-friendly dishes with our menu planner tool. Try it now at type1.Cornerstones4Care.com.

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2nd Blood Sugar Reading	3rd Blood Sugar Reading	4th Blood Sugar Reading	5th Blood Sugar Reading	6th Blood Sugar Reading
#:	#:	#:	#:	#:
Time:	Time:	Time:	Time:	Time:
Insulin I took	Insulin I took	Insulin I took	Insulin I took	Insulin I took
Long-acting Dose:  Mealtime	Long-acting Dose:  Mealtime	Long-acting Dose:	Long-acting Dose:  Mealtime	Long-acting Dose:  Mealtime
	Dose:	Dose:	Dose:	Dose:
Snack	Lunch	Snack	Dinner	Snack
	#: Time: Insulin I took Long-acting Dose:	#: #: Time: Time: Insulin I took Long-acting Dose: Mealtime Dose: Dose: Dose: Dose:	Sugar Reading  #: #: #:  Time: Time: Time: Time:  Insulin I took Insulin I took Insulin I took  Long-acting Dose: Dose: Mealtime Dose:	Sugar Reading Sugar Reading Sugar Reading Sugar Reading #: #: #: #:  Time: Time: Time: Time: Time: Time:  Insulin I took Insulin I took Insulin I took  Long-acting Dose: Dose: Dose: Mealtime Dose: D

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2nd Blood Sugar Reading	3rd Blood Sugar Reading	4th Blood Sugar Reading	5th Blood Sugar Reading	6th Blood Sugar Reading
#:	#:	#:	#:	#:
Time:	Time:	Time:	Time:	Time:
Insulin I took	Insulin I took	Insulin I took	Insulin I took	Insulin I took
Long-acting Dose:  Mealtime	Long-acting Dose:  Mealtime	Long-acting Dose:	Long-acting Dose:  Mealtime	Long-acting Dose:  Mealtime
	Dose:	Dose:	Dose:	Dose:
Snack	Lunch	Snack	Dinner	Snack
	#: Time: Insulin I took Long-acting Dose:	#: #: Time: Time: Insulin I took Long-acting Dose: Mealtime Dose: Dose: Dose: Dose:	Sugar Reading  #: #: #:  Time: Time: Time: Time:  Insulin I took Insulin I took Insulin I took  Long-acting Dose: Dose: Mealtime Dose:	Sugar Reading Sugar Reading Sugar Reading Sugar Reading #: #: #: #:  Time: Time: Time: Time: Time: Time:  Insulin I took Insulin I took Insulin I took  Long-acting Dose: Dose: Dose: Mealtime Dose: D

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2nd Blood Sugar Reading	3rd Blood Sugar Reading	4th Blood Sugar Reading	5th Blood Sugar Reading	6th Blood Sugar Reading
#:	#:	#:	#:	#:
Time:	Time:	Time:	Time:	Time:
Insulin I took	Insulin I took	Insulin I took	Insulin I took	Insulin I took
Long-acting Dose:  Mealtime	Long-acting Dose:  Mealtime	Long-acting Dose:	Long-acting Dose:  Mealtime	Long-acting Dose:  Mealtime
	Dose:	Dose:	Dose:	Dose:
Snack	Lunch	Snack	Dinner	Snack
	#: Time: Insulin I took Long-acting Dose:	#: #: Time: Time: Insulin I took Long-acting Dose: Mealtime Dose: Dose: Dose: Dose:	Sugar Reading  #: #: #:  Time: Time: Time: Time:  Insulin I took Insulin I took Insulin I took  Long-acting Dose: Dose: Mealtime Dose:	Sugar Reading Sugar Reading Sugar Reading Sugar Reading #: #: #: #:  Time: Time: Time: Time: Time: Time:  Insulin I took Insulin I took Insulin I took  Long-acting Dose: Dose: Dose: Mealtime Dose: D

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1st Blood Sugar Reading	2nd Blood Sugar Reading	3rd Blood Sugar Reading	4th Blood Sugar Reading	5th Blood Sugar Reading	6th Blood Sugar Reading
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Time:	Time:	Time:	Time:	Time:	Time:
Insulin I took	Insulin I took	Insulin I took	Insulin I took	Insulin I took	Insulin I took
Long-acting Dose:  Mealtime Dose:	Dose:  Mealtime Dose:	Dose:  Mealtime Dose:	Dose: Mealtime Dose:	Dose: Mealtime	Long-acting Dose:  Mealtime Dose:
Breakfast Snack		Lunch	Snack	Dinner	Snack
	S E				
Activities					

Daily Tip: Food labels can help you make healthier choices. Learn to read them at type1.Cornerstones4Care.com.

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2nd Blood Sugar Reading	3rd Blood Sugar Reading	4th Blood Sugar Reading	5th Blood Sugar Reading	6th Blood Sugar Reading
#:	#:	#:	#:	#:
Time:	Time:	Time:	Time:	Time:
Insulin I took	Insulin I took	Insulin I took	Insulin I took	Insulin I took
Long-acting Dose:  Mealtime	Long-acting Dose:  Mealtime	Long-acting Dose:	Long-acting Dose:  Mealtime	Long-acting Dose:  Mealtime
	Dose:	Dose:	Dose:	Dose:
Snack	Lunch	Snack	Dinner	Snack
	#: Time: Insulin I took Long-acting Dose:	#: #: Time: Time: Insulin I took Long-acting Dose: Mealtime Dose: Dose: Dose: Dose:	Sugar Reading  #: #: #:  Time: Time: Time: Time:  Insulin I took Insulin I took Insulin I took  Long-acting Dose: Dose: Mealtime Dose:	Sugar Reading Sugar Reading Sugar Reading Sugar Reading #: #: #: #:  Time: Time: Time: Time: Time: Time:  Insulin I took Insulin I took Insulin I took  Long-acting Dose: Dose: Dose: Mealtime Dose: D

Day/	Date		VI.	







2nd Blood Sugar Reading	3rd Blood Sugar Reading	4th Blood Sugar Reading	5th Blood Sugar Reading	6th Blood Sugar Reading
#:	#:	#:	#:	#:
Time:	Time:	Time:	Time:	Time:
Insulin I took	Insulin I took	Insulin I took	Insulin I took	Insulin I took
Long-acting Dose:  Mealtime	Long-acting Dose:  Mealtime	Long-acting Dose:	Long-acting Dose:  Mealtime	Long-acting Dose:  Mealtime
	Dose:	Dose:	Dose:	Dose:
Snack	Lunch	Snack	Dinner	Snack
	#: Time: Insulin I took Long-acting Dose:	#: #: Time: Time: Insulin I took Long-acting Dose: Mealtime Dose: Dose: Dose: Dose:	Sugar Reading  #: #: #:  Time: Time: Time: Time:  Insulin I took Insulin I took Insulin I took  Long-acting Dose: Dose: Mealtime Dose:	Sugar Reading Sugar Reading Sugar Reading Sugar Reading #: #: #: #:  Time: Time: Time: Time: Time: Time:  Insulin I took Insulin I took Insulin I took  Long-acting Dose: Dose: Dose: Mealtime Dose: D

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2nd Blood Sugar Reading	3rd Blood Sugar Reading	4th Blood Sugar Reading	5th Blood Sugar Reading	6th Blood Sugar Reading
#:	#:	#:	#:	#:
Time:	Time:	Time:	Time:	Time:
Insulin I took	Insulin I took	Insulin I took	Insulin I took	Insulin I took
Long-acting Dose:  Mealtime	Long-acting Dose:  Mealtime	Long-acting Dose:	Long-acting Dose:  Mealtime	Long-acting Dose:  Mealtime
	Dose:	Dose:	Dose:	Dose:
Snack	Lunch	Snack	Dinner	Snack
	#: Time: Insulin I took Long-acting Dose:	#: #: Time: Time: Insulin I took Long-acting Dose: Mealtime Dose: Dose: Dose: Dose:	Sugar Reading  #: #: #:  Time: Time: Time: Time:  Insulin I took Insulin I took Insulin I took  Long-acting Dose: Dose: Mealtime Dose:	Sugar Reading Sugar Reading Sugar Reading Sugar Reading #: #: #: #:  Time: Time: Time: Time: Time: Time:  Insulin I took Insulin I took Insulin I took  Long-acting Dose: Dose: Dose: Mealtime Dose: D

Day/Date			How I Feel	Today: Oc	
1st Blood	2nd Blood Sugar Reading	3rd Blood	4th Blood	5th Blood	6th 6

1st Blood Sugar Reading	2nd Blood Sugar Reading	3rd Blood Sugar Reading	4th Blood Sugar Reading	5th Blood Sugar Reading	6th Blood Sugar Reading
#:	#:	#:	#:	#:	#:
Time:	Time:	Time:	Time:	Time:	Time:
Insulin I took					
Dose: Mealtime Dose:	Dose:  Mealtime Dose:	Dose:  Mealtime Dose:	Dose:  Mealtime Dose:	Dose: Mealtime	Dose:  Mealtime Dose:
Breakfast	Snack	Lunch	Snack	Dinner	Snack
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Daily Tip: Being active is important for people with diabetes. Get tips on setting up a sports care plan for practices and games at type1.Cornerstones4Care.com.

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2nd Blood Sugar Reading	3rd Blood Sugar Reading	4th Blood Sugar Reading	5th Blood Sugar Reading	6th Blood Sugar Reading
#:	#:	#:	#:	#:
Time:	Time:	Time:	Time:	Time:
Insulin I took	Insulin I took	Insulin I took	Insulin I took	Insulin I took
Long-acting Dose:  Mealtime	Long-acting Dose:  Mealtime	Long-acting Dose:	Long-acting Dose:  Mealtime	Long-acting Dose:  Mealtime
	Dose:	Dose:	Dose:	Dose:
Snack	Lunch	Snack	Dinner	Snack
	#: Time: Insulin I took Long-acting Dose:	#: #: Time: Time: Insulin I took Long-acting Dose: Mealtime Dose: Dose: Dose: Dose:	Sugar Reading  #: #: #:  Time: Time: Time: Time:  Insulin I took Insulin I took Insulin I took  Long-acting Dose: Dose: Mealtime Dose:	Sugar Reading Sugar Reading Sugar Reading Sugar Reading #: #: #: #:  Time: Time: Time: Time: Time: Time:  Insulin I took Insulin I took Insulin I took  Long-acting Dose: Dose: Dose: Mealtime Dose: D

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1st Blood Sugar Reading	2nd Blood Sugar Reading	3rd Blood Sugar Reading	4th Blood Sugar Reading	5th Blood Sugar Reading	6th Blood Sugar Reading
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Time:	Time:	Time:	Time:	Time:	Time:
Insulin I took					
Long-acting Dose:  Mealtime					
Dose:	Dose:	Dose:	Dose:	Dose:	Dose:
Breakfast	Snack	Lunch	Snack	Dinner	Snack
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Activities					

Day/	Date		VI.	







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#:	#:	#:	#:	#:	#:
Time:	Time:	Time:	Time:	Time:	Time:
Insulin I took					
Long-acting Dose:  Mealtime					
Dose:	Dose:	Dose:	Dose:	Dose:	Dose:
Breakfast	Snack	Lunch	Snack	Dinner	Snack
	N E				
Activities					

Day/	Date	,	··Vi	







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#:	#:	#:	#:	#:	#:
Time:	Time:	Time:	Time:	Time:	Time:
Insulin I took					
Long-acting Dose:					
Mealtime Dose:					
Breakfast	Snack	Lunch	Snack	Dinner	Snack
	No.				
Activities					

#### Get free, personalized diabetes support at type1.Cornerstones4Care.com.

**Cornerstones4Care®** is designed for people with type 1 diabetes and for those who care for them. With **Cornerstones4Care®**, you'll get 24/7 access to information, resources, and ongoing communications that provide tips and tools when you need them most.



Signing up is easy. Visit **type1.Cornerstones4Care.com** and go to the Sign Up page. Tell us about yourself and your preferences.

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