

**My Personal Information**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 Prov \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

**My Doctor**

Name \_\_\_\_\_  
 Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

**I have diabetes.** In case of emergency, please notify:

Name \_\_\_\_\_  
 Relationship \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 Prov \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

## TESTING YOUR BLOOD GLUCOSE<sup>1</sup>

### When should you test your blood glucose?

Your doctor or health care team will help you decide when to test. Testing at different times is a good idea because it helps you to understand how daily events affect your blood glucose levels. Here are some helpful times to choose from:

- Before breakfast – this is called the fasting glucose. Fasting means you have not had any food in 8 hours or more
- 2 hours after breakfast, lunch or supper – this is called the postprandial blood glucose
- Before lunch or supper
- Before bedtime
- At 2:00 or 3:00 a.m., if you take insulin

### When should you test your blood glucose more often?

Testing frequency varies with each person. It is a good idea to do extra tests when:

- There are changes in your diabetes treatment plan
- You start a new medication for diabetes
- You think your blood glucose might be too low or high
- You are sick







#### Recommended Blood Glucose Targets<sup>1</sup>

Time of day	For most people living with diabetes	Your target
Before meals	4.0 – 7.0 mmol/L	
2 hrs after meals	5.0 – 10.0 mmol/L	

Week of: \_\_\_\_\_

 = Pre-meal







 = After meal

DAY	BREAKFAST			LUNCH			DINNER			OTHER	
			Carbs/ Insulin			Carbs/ Insulin			Carbs/ Insulin	Bedtime	Medication
<b>M</b>											
	Comments:										
<b>Tu</b>											
	Comments:										
<b>W</b>											
	Comments:										
<b>Th</b>											
	Comments:										
<b>F</b>											
	Comments:										
<b>Sa</b>											
	Comments:										
<b>Su</b>											
	Comments:										

Week of: \_\_\_\_\_

 = Pre-meal







 = After meal

DAY	BREAKFAST			LUNCH			DINNER			OTHER	
			Carbs/ Insulin			Carbs/ Insulin			Carbs/ Insulin	Bedtime	Medication
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	Comments:										
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	Comments:										
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	Comments:										
<b>Sa</b>											
	Comments:										
<b>Su</b>											
	Comments:										

Week of: \_\_\_\_\_

 = Pre-meal

 = After meal

DAY	BREAKFAST			LUNCH			DINNER			OTHER	
			Carbs/ Insulin			Carbs/ Insulin			Carbs/ Insulin	Bedtime	Medication
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