Name: _____

Best day telephone #: _____

Email, FAX or other contact #: _____

GLUCOSE TESTING RECORD

	BREAKFAST				LUNCH			SUPPER			BEDTIME			
DATE	Blood Sugar Before Meal	INSULIN Lantus Levemir Basaglar Tresiba	INSULIN Humalog Novolog Apidra	Notes	Blood Sugar Before Meal	INSULIN Humalog Novolog Apidra	Notes	Blood Sugar Before Meal	INSULIN Humalog Novolog Apidra	Notes	Blood Sugar Before Snack	INSULIN Lantus Levemir Basaglar Tresiba	INSULIN Humalog Novolog Apidra	2AM Blood Sugar/ NOTES:

BASAL: Lantus/Levemir/Basaglar/Tresiba _____units (Give same time each day)

Do not use Correction Factor for this insulin. Give this dose regardless of your blood sugar.

BOLUS: Novolog / Humalog / Apidra

Shot Contains Two Parts:

(**1**) Insulin to cover carbohydrates eaten (Carbohydrate Ratio or Fixed Dose)

- **Carbohydrate Ratio:**

  Give ____ unit per _____ g carbohydrate eaten at Breakfast

  Give ____ unit per _____ g carbohydrate eaten at Lunch

  Give ____ unit per _____ g carbohydrate eaten at Dinner

- **Fixed Dose at Meals:** _____

(**2**) **Plus** extra insulin if blood sugar is greater than _____ (Correction Formula or Sliding Scale)

- **Correction formula at meals** (Not snacks): BG - _____ divided by _____

  Correction formula at bedtime: BG - _____ divided by _____

- **Mealtime Scale Insulin:**

  If blood sugar is _____ to _____, give ___ extra units.

  If blood sugar is _____ to _____, give ___ extra units.

  If blood sugar is _____ to _____, give ___ extra units.

  If blood sugar is _____ to _____, give ___ extra units.

  If blood sugar is greater than _____,give ____extra units.

- **Bedtime sliding scale:**

  If blood sugar is _____to _____, give ___ extra units.

  If blood sugar is _____to _____, give ___ extra units.

  If blood sugar is greater than _____, give ___extra units.