

# My Insulin Plan

## Goal:

Fasting: Blood glucose range \_\_\_\_\_ mg/dL

Blood glucose range before meals \_\_\_\_\_ mg/dL

Blood glucose range 2 hours after meals \_\_\_\_\_ mg/dL

Breakfast		
Test your blood glucose: <input type="checkbox"/> before <input type="checkbox"/> after		
Insulin	Type	Amount
	_____	_____
Time taken: _____ a.m.    p.m.		

Lunch		
Test your blood glucose: <input type="checkbox"/> before <input type="checkbox"/> after		
Insulin	Type	Amount
	_____	_____
Time taken: _____ a.m.    p.m.		

Dinner		
Test your blood glucose: <input type="checkbox"/> before <input type="checkbox"/> after		
Insulin	Type	Amount
	_____	_____
Time taken: _____ a.m.    p.m.		

Bedtime		
Test your blood glucose: <input type="checkbox"/> before <input type="checkbox"/> after		
Insulin	Type	Amount
	_____	_____
Time taken: _____ a.m.    p.m.		