HLTHY [BLOOD GLUCOSE DIARY]

Name _____ Date of birth _____

DATE	BREAKFAST		LUNCH		DINNER		BEDTIME	NIGHT	INSULIN / MEDICATION (UNITS, TIME)	HYPO?	NOTES (FOOD, EXERCISE, ILLNESS)
	before	2 h after	before	2 h after	before	2 h after					

MY TARGET RANGE

before meals _____ to _____ mmol/l · 2 h after meals below _____ mmol/l

HOW TO MEASURE

Wash and dry your hands well, prick the side of the fingertip. Conversion: mg/dl ÷ 18 = mmol/l.

LOW BLOOD SUGAR (BELOW 4 MMOL/L)

Take 15 to 20 g of glucose (4 tablets) or 2 dl of a sugary drink, measure again after 15 minutes. Below 3 mmol/l or drowsy: relatives call 144. Repeatedly above 15 mmol/l: call the practice. HLTHY Bern 031 859 93 93 · Zürich 044 552 55 20.