



Home monitoring diary

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The information in this diary is not intended to replace the advice of your healthcare team.

Managing your diabetes

You may find this diary useful for monitoring your daily blood glucose level, making the right adjustments to your insulin doses and keeping a record of any appointments with your diabetes nurse or doctor.

Measuring your blood glucose

Your diabetes nurse or doctor will teach you how to measure your blood glucose level. A level of 4–7mmol/L (millimoles of glucose per litre of blood) before meals shows good blood glucose control. If your results are too high (more than 7mmol/L) or too low (less than 4mmol/L) on a regular basis, your diabetes nurse or doctor will help to review your other diabetes medication or insulin doses.



Additional measurement of blood glucose control HbA_{1c}¹

An indication of how good your blood glucose control has been for the preceding 2 to 3 months can be obtained by measuring glycosylated haemoglobin. This is often referred to as HbA_{1c}. Your diabetes nurse or doctor will measure your HbA_{1c} at your regular check-ups by testing a sample of your blood.

Things to remember

- Good blood glucose control can help reduce the risk of developing medical problems²
- Test your blood glucose as directed by your healthcare team
- Test at different times on different days, as advised by your diabetes team e.g., before meals or before bed²
- Always wash your hands before testing to help make sure the result is accurate²
- If you feel unwell, test more often

Contact details

Your name:

Address:

Telephone no. (daytime):

Telephone no. (evening):

Emergency contact

Name:

Relationship to you:

Address:

Telephone no. (daytime):

Telephone no. (evening):

Hospital doctor

Name:

Contact no.:

Diabetes nurse specialist

Name:

Contact no.:

Dietician

Name:

Contact no.:

GP/Practice nurse

Name:

Contact no.:

Treatment information

Insulin type (breakfast):

Insulin type (lunch):

Insulin type (evening meal):

Insulin type (bedtime):

Diabetes tablets:

Dose:

Diabetes tablets:

Dose:

Other medication:

Dose:

Other medication:

Dose:

Other medication:

Dose:

Other medication:

Dose:

Treatment targets

Blood glucose level: before meals

Blood glucose level: 2 hours after meals

HbA_{1c} level:

Blood pressure:

Weight:

Cholesterol/lipids:

Other:

Example table

Discuss with your diabetes nurse or doctor suitable times for you to test your blood glucose level. Testing and recording your blood glucose helps you monitor your diabetes and recognise when you need to adjust your diet, exercise level or medication.

The special events/comments box can be used to note things such as illness, hypos, missed meals, parties or exercise.



| Date | Blood glucose level (mmol/L) | | | | | | | | Insulin dose (Circle the basal insulin dose) | | | | Special events/ comments |
|--------|------------------------------|-------------------------|--------------|---------------------|---------------|----------------------|------------|------------------|---|-------|--------|---------|-----------------------------|
| | before breakfast | 2 hours after breakfast | before lunch | 2 hours after lunch | before dinner | 2 hours after dinner | before bed | during the night | breakfast | lunch | dinner | bedtime | |
| 1/6/13 | | 8 | | 7 | | 6 | | | 10 | 12 | 14 | 46 | hypo during the night |
| 2/6/13 | 6 | | 6 | | 4 | | 7 | | 10 | 12 | 14 | 46 | |
| 3/6/13 | 5 | | | 6 | | | | 2 | 10 | 12 | 14 | 46 | |
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Your record



| Date | Blood glucose level (mmol/L) | | | | | | | | Insulin dose (Circle the basal insulin dose) | | | | Special events/ comments |
|------|------------------------------|-------------------------|--------------|---------------------|---------------|----------------------|------------|------------------|---|-------|--------------|---------|-----------------------------|
| | before breakfast | 2 hours after breakfast | before lunch | 2 hours after lunch | before dinner | 2 hours after dinner | before bed | during the night | breakfast | lunch | evening meal | bedtime | |
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Your record



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Your record



| Date | Blood glucose level (mmol/L) | | | | | | | | Insulin dose (Circle the basal insulin dose) | | | | Special events/ comments |
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Your record



| Date | Blood glucose level (mmol/L) | | | | | | | | Insulin dose (Circle the basal insulin dose) | | | | Special events/ comments |
|------|------------------------------|-------------------------|--------------|---------------------|---------------|----------------------|------------|------------------|---|-------|--------------|---------|-----------------------------|
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Your record



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Your record



| Date | Blood glucose level (mmol/L) | | | | | | | | Insulin dose (Circle the basal insulin dose) | | | | Special events/ comments |
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Your record



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Check-up records



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|------------------------------|--|--|--|--|--|--|--|
| Date | | | | | | | |
| HbA _{1c} | | | | | | | |
| Blood pressure | | | | | | | |
| Cholesterol/ lipids | | | | | | | |
| Weight | | | | | | | |
| Waist circumference | | | | | | | |
| Changes made to treatment | | | | | | | |
| Next appointment | | | | | | | |

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|------------------------------|--|--|--|--|--|--|--|
| Date | | | | | | | |
| HbA _{1c} | | | | | | | |
| Blood pressure | | | | | | | |
| Cholesterol/ lipids | | | | | | | |
| Weight | | | | | | | |
| Waist circumference | | | | | | | |
| Changes made to treatment | | | | | | | |
| Next appointment | | | | | | | |

Check-up records



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|------------------------------|--|--|--|--|--|--|--|
| Date | | | | | | | |
| HbA _{1c} | | | | | | | |
| Blood pressure | | | | | | | |
| Cholesterol/ lipids | | | | | | | |
| Weight | | | | | | | |
| Waist circumference | | | | | | | |
| Changes made to treatment | | | | | | | |
| Next appointment | | | | | | | |

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| Date | | | | | | | |
| HbA _{1c} | | | | | | | |
| Blood pressure | | | | | | | |
| Cholesterol/ lipids | | | | | | | |
| Weight | | | | | | | |
| Waist circumference | | | | | | | |
| Changes made to treatment | | | | | | | |
| Next appointment | | | | | | | |

Some more contacts you might find useful:

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ksa_pharmacovigilance@sanofi.com To report any Product Technical
Complaint, please contact SANOFI Quality Department:

Email: KSA_PTC_Reporting@sanofi.com

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