| | | | BREA | KFAST | LUNCH | | DINNER | | NIGHT | |
|-----------|-----------------|------|--------|--------|--------|----------------------|--------|----------|---------------|------------------|
| | | DATE | Before | After | Before | After | Before | After | Before bed | During the night |
| MONDAY | Testing | | | | | | | | | |
| | Insulin/tablets | | | | | | | | | |
| | Carbohydrate | | | 2 | | P | P | | * | |
| Comments | | | | | | | | | | |
| TUESDAY | Testing | | | | | 1 | | | | |
| | Insulin/tablets | | | | | | | | | |
| | Carbohydrate | | | , , | r | , | P | , , | r | |
| Comments | | | | | | | | | | , |
| WEDNESDAY | Testing | | | | | 1 | | | | |
| | Insulin/tablets | | | | | | | | | |
| | Carbohydrate | | | 2 | × | ~ | × | ~ | × | |
| Comments | | | | | | | | | | |
| THURSDAY | Testing | | | | | | | | | |
| | Insulin/tablets | | | | | | | | | |
| | | | | | | | | , | | |
| | Carbohydrate | | | | | | | | | |
| Comments | | | | | | | | | | |
| FRIDAY | Testing | | | ¦ | | | | <u> </u> | | - |
| | Insulin/tablets | | | | | | | | | |
| | Carbohydrate | | | | | | | | | |
| Comments | | | | | | | | | | |
| SATURDAY | Testing | | | | | | | | | |
| | Insulin/tablets | | | | | | | | | |
| | Carbohydrate | | | • | | | | • | | |
| Comments | | | | | | | | | | |
| SUNDAY | Testing | | | | | | | | | |
| | Insulin/tablets | | | | | | | | | |
| | Carbohydrate | | | | 2 | , | P | | | |
| Comments | | | | | | | | | | |

AVERAGE

mg/dL

| Weel | kly ages | |
|--------|-------------|-------|
| Week 1 | | mg/dL |
| | | |
| Week 2 | | mg/dL |

mg/dL

mg/dL

mg/dL

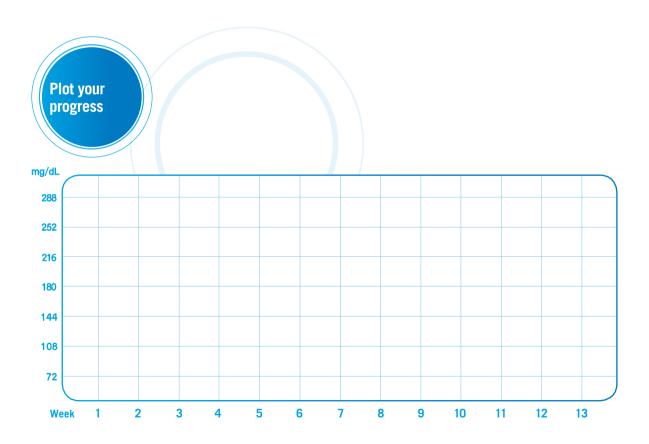
Week 3

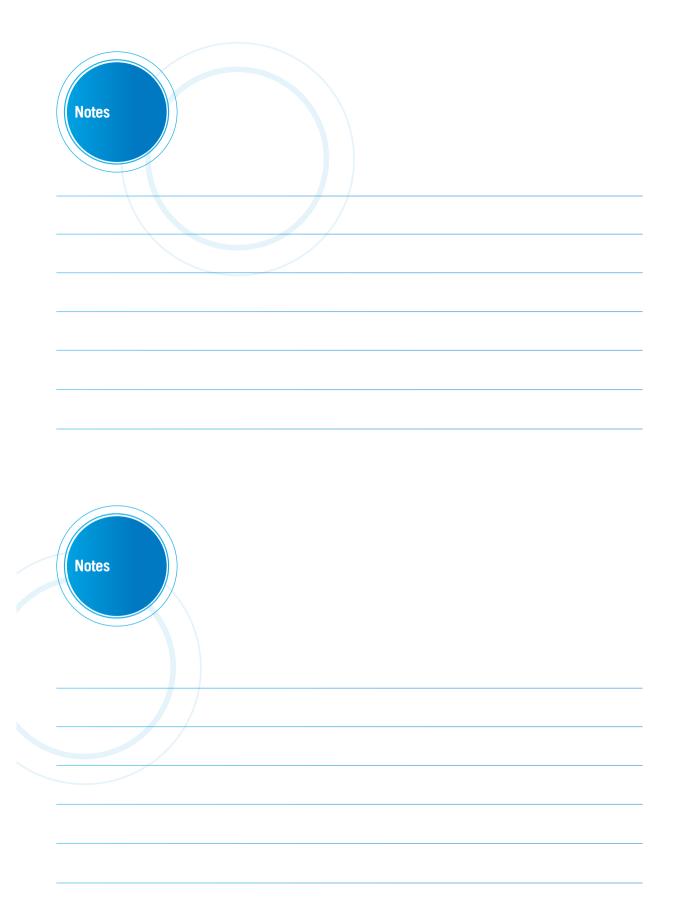
Week 4

Week 5

| Week 6 | mg/dL |
|---------|-------|
| | |
| Week 7 | mg/dL |
| | |
| Week 8 | mg/dL |
| | |
| Week 9 | mg/dL |
| | |
| Week 10 | mg/dL |
| | |
| | |

| Week 11 | mg/dL |
|---------|----------------------|
| Week 12 | mg/dL |
| Week 13 | mg/dL |
| | Total weeks' average |
| | mg/dL |





| My plan | |
|---------|--|
| | |
| | |

| | | DATE | BREAN Before | (FAST After | LUN Before | ICH After | DIN Before | NER After | NIC Before bed | GHT During the night |
|-------------|------------------|------|-----------------|-----------------------|---------------|--------------|---------------|--------------|----------------------|----------------------------|
| TESTING DAY | Test 💶 | | | | | | | | | |
| | Inject - | | | | | | | | | |
| | | | | | | | | | | |
| | Medication 🛷 | | | | | | | | | |
| | Exercise | | | | | | | | | |
| | Food/Eat | | | | | | | | | |
| | Other | | | | | | | | | |
| | Plan duration 15 | | | | | | | | | |



| | | DATE | BREAN Before | (FAST After | LUN Before | After | DIN Before | NER After | NIC Before bed | HT During the night |
|-------------|------------------|------|-----------------|-----------------------|---------------|---------------------|---------------|----------------|----------------------|---------------------------|
| TESTING DAY | Test 🚥 | | | | | | | | | |
| | Inject - | | | | | | | | | |
| | | | | | | | | | | |
| | Medication 🛷 | | | | | | | | | |
| | Exercise | | | | | | | | | |
| | Food/Eat | | | | | | | | | |
| | Other | | | | | | | | | |
| | Plan duration 15 | | | | | | | | | |

Ascensia Diabetes Support: Phone: 0800/ 50 88 822 (free number) E-Mail: info@ascensia.de