			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

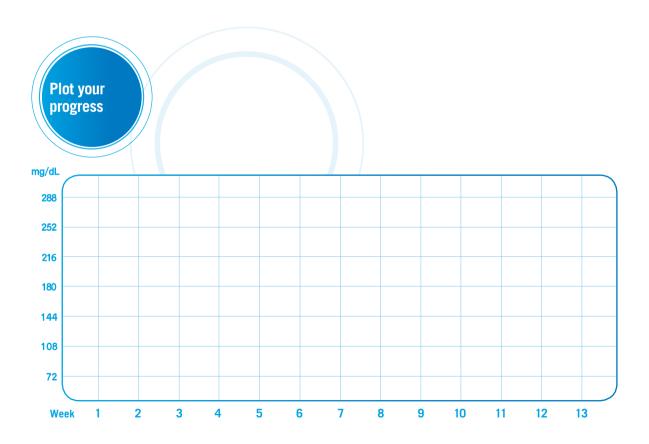
Week 3

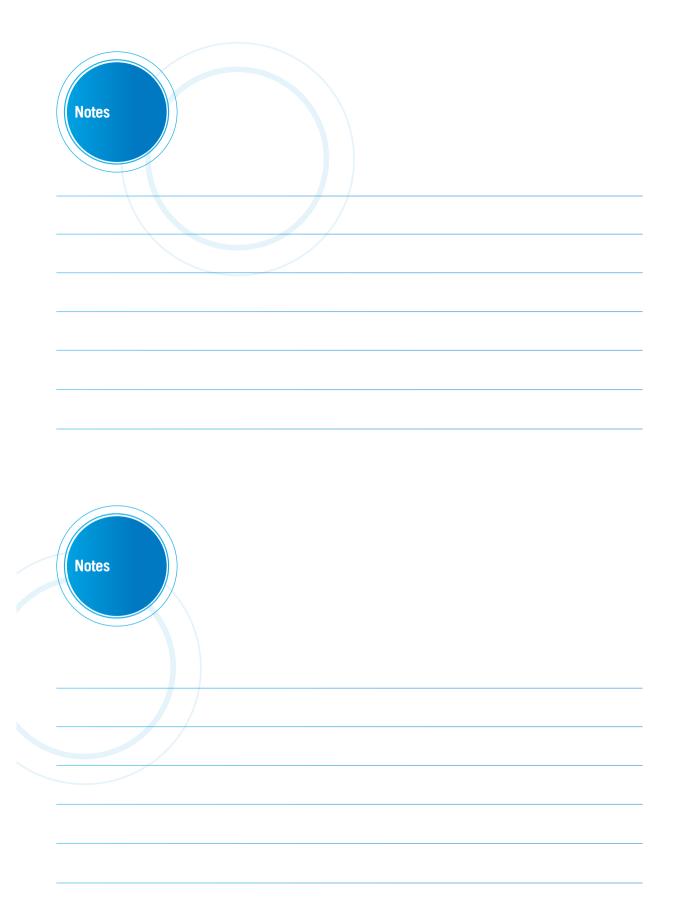
Week 4

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	<b>(FAST</b> 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	<b>(FAST</b> 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