

Blood Glucose Daily Assessment

Date: _____

Level of Stress: 0= no stress

Start of Day 0 1 2 3 4 5 6 7 8 9 10

End of Day 0 1 2 3 4 5 6 7 8 9 10

Hydration (personal goal _____ ounces)

Poor _____ Fair _____ Met Goal _____

Level of Exercise:

None _____ Somewhat Active _____ Very Active _____

Types of Activity for the Day:

Pre-Bolus in Minutes:

Breakfast _____ Lunch _____ Dinner _____

Snacks _____

Which meals were estimated?

Miscellaneous:

Amount of caffeine today _____

Unplanned meal _____

Illness _____

If menstruating, what phase in cycle? _____