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(Office hours 8.30am - 5.30pm
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other costs are incurred by the caller. Calls
may be monitored for training purposes.

This booklet was provided as a service to
patients by Novo Nordisk Limited



home monitoring diary

This is a home monitoring diary designed to help you monitor your blood glucose range if you are taking insulin for treatment of diabetes

- Novo Nordisk durable injection devices have a three year warranty
- Should you need a spare or replacement Novo Nordisk device please contact your GP

Useful telephone numbers:

GP surgery: _____

Diabetic centre: _____

Hospital clinic: _____

Pharmacy: _____

Others: _____

Reminders

- ✓ Always take your tablets and / or insulin as prescribed by your GP or diabetic clinic
- ✓ Test your blood glucose regularly or as directed by your healthcare professional
- ✓ See your Doctor regularly to check your diabetes and general health
- ✓ Have your eyes tested
- ✓ Eat a healthy diet
- ✓ Don't smoke
- ✓ Keep to sensible amounts of alcohol
- ✓ Keep fit
- ✓ Watch your weight
- ✓ Check your feet regularly
- ✓ Inform your motor insurance company and the DVLA if you take insulin or suffer severe hypoglycaemia. Discuss this with your healthcare professional
- ✓ Carry diabetic identification

If this diary is lost please return it to:

Name: _____

Address: _____

Postcode: _____

Telephone number: _____

What is home monitoring?

A method of testing your blood glucose to enable you to make adjustments to your insulin as necessary.

You should aim to keep your pre-meal blood glucose in the range of:

_____ **mmol/l**
(target blood glucose range, as set by your healthcare professional)

And your post-meal target
(i.e. 1-2 hours after a meal, as set by your healthcare professional)

_____ **mmol/l**
(target blood glucose range, as set by your healthcare professional)

My target post-meal
blood glucose range (mmol/l)

| Blood glucose level (mmol/l) | | | | | | Key events/Notes |
|------------------------------|---------------------------|---------------------|----------------------------|------------|--------------|------------------|
| Before midday meal | 2 hours after midday meal | Before evening meal | 2 hours after evening meal | Before bed | During night | |
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My target pre-meal blood glucose range (mmol/l)

| Date | Name of insulin, the insulin dose and injection time | | | | Before breakfast | 2 hours after breakfast |
|------|--|--|--|--|------------------|-------------------------|
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Why should I monitor my blood glucose?

People with diabetes whose blood glucose is well controlled:

- Feel better
- Are less worried about 'hypos'
- Are less likely to have long-term diabetes related health problems

Why have I been given this diary?

This diary is to help you record your home monitoring results and make adjustments to your treatment, as directed by your healthcare professional.

Take this diary with you when visiting your GP or diabetes clinic.

Example chart

My target post-meal blood glucose range (mmol/l)

My target pre-meal blood glucose range (mmol/l)

| Date | Name of insulin, the insulin dose and injection time | | | | Blood glucose level (mmol/l) | | | | | | Key events/Notes | | | |
|-----------|--|--|---------------------------|--|------------------------------|-------------------------|--------------------|--------------------|---------------------------|---------------------|------------------|----------------------------|------------|--------------|
| | 7.30am Name of insulin | | 6.00pm Name of insulin | | Before breakfast | 2 hours after breakfast | Before midday meal | Before midday meal | 2 hours after midday meal | Before evening meal | | 2 hours after evening meal | Before bed | During night |
| June 2019 | | | | | | | | | | | | | | |
| 1st | 28 units | | 20 units | | 5 | 8 | | | | | | | | |
| 2nd | | | | | 5 | | 6 | | | | | | | |
| 3rd | | | | | 6 | 8 | | | | | | | | |
| 4th | | | | | 5 | 8 | | | | | | | | |
| 5th | | | | | | | 5 | | | | | | | |
| 6th | | | | | | | | | | | | | | |
| 7th | | | | | | | | | | | | | | |
| 8th | | | | | | | | | | | | | | |

Example chart

Record any changes in your dose of insulin (units).

Your GP or diabetic clinic will advise you which times to test your blood glucose, however, you may test your blood glucose whenever you feel it is necessary.

My target pre-meal blood glucose range (mmol/l)

My target post-meal blood glucose range (mmol/l)

| Date | Name of insulin, the insulin dose and injection time | | | | Before breakfast | 2 hours after breakfast | Food glucose level (mmol/l) | | | | | Key events/Notes | | |
|------|--|--|--|--|------------------|-------------------------|-----------------------------|---|---------------------------|---------------------|----------------------------|------------------|------------------------|--------------|
| | | | | | | | | | 2 hours after midday meal | Before evening meal | 2 hours after evening meal | | Before bed | During night |
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| | | | | | | | | 5 | | | 7 | | | |
| | | | | | | | | 5 | 6 | | | | | |
| | | | | | | | | 4 | | | 6 | | | |
| | | | | | | | | 5 | | | 7 | | | |
| | | | | | | | 7 | | | | 4.5 | | Went to gym after work | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | Kev's 21st birthday | |
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Example chart

Following the advice from your GP or clinic you may use your test results to adjust your dose of insulin.

Use this space to record any special events, e.g. party, sporting activity, celebration meal.

You can record in this space any 'hypos', illness or changes in eating or exercise patterns which may affect your test results.

My target pre-meal blood glucose range (mmol/l)

My target post-meal blood glucose range (mmol/l)

| Date | Name of insulin, the insulin dose and injection time | | | | Blood glucose level (mmol/l) | | | | | | | | Key events/Notes |
|------|--|--|--|--|------------------------------|-------------------------|--------------------|---------------------------|---------------------|----------------------------|------------|--------------|------------------|
| | | | | | Before breakfast | 2 hours after breakfast | Before midday meal | 2 hours after midday meal | Before evening meal | 2 hours after evening meal | Before bed | During night | |
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My target pre-meal blood glucose range (mmol/l)

My target post-meal blood glucose range (mmol/l)

| Date | Name of insulin, the insulin dose and injection time | | | | Blood glucose level (mmol/l) | | | | | | | | Key events/Notes |
|------|--|--|--|--|------------------------------|-------------------------|--------------------|---------------------------|---------------------|----------------------------|------------|--------------|------------------|
| | | | | | Before breakfast | 2 hours after breakfast | Before midday meal | 2 hours after midday meal | Before evening meal | 2 hours after evening meal | Before bed | During night | |
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| Date | Name of insulin, the insulin dose and injection time | | | | Blood glucose level (mmol/l) | | | | | | | | Key events/Notes |
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| Date | Name of insulin, the insulin dose and injection time | | | | Blood glucose level (mmol/l) | | | | | | | | Key events/Notes |
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|------|--|--|--|--|------------------------------|-------------------------|--------------------|---------------------------|---------------------|----------------------------|------------|--------------|------------------|
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My target pre-meal blood glucose range (mmol/l)

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| Date | Name of insulin, the insulin dose and injection time | | | | Blood glucose level (mmol/l) | | | | | | | | Key events/Notes |
|------|--|--|--|--|------------------------------|-------------------------|--------------------|---------------------------|---------------------|----------------------------|------------|--------------|------------------|
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