

*My Diabetes* **Logbook**



**i·sens** Sensing Ahead, Caring More

*My Diabetes*  
**Logbook**

## Thank you for choosing our system

Our system provides you with fast, safe and convenient blood glucose *in vitro* (i.e., outside the body) diagnostic monitoring.

You can obtain accurate results with a small (0.5 µL) blood sample.

## Conversion

mmol/L	mg/dL	mmol/L	mg/dL	mmol/L	mg/dL	mmol/L	mg/dL				
1.1	↔	20	6.0	↔	108	10.5	↔	189	22.2	↔	400
1.5	↔	27	6.1	↔	110	11.0	↔	198	23.0	↔	414
2.0	↔	36	6.7	↔	120	11.5	↔	207	24.0	↔	432
2.2	↔	40	7.0	↔	126	12.0	↔	216	25.0	↔	450
2.5	↔	45	7.2	↔	130	12.5	↔	225	26.4	↔	475
2.8	↔	50	7.5	↔	135	13.9	↔	250	27.8	↔	500
3.0	↔	54	7.8	↔	140	14.4	↔	260	30.0	↔	540
3.3	↔	60	8.0	↔	145	15.0	↔	270	33.3	↔	600
3.9	↔	70	8.1	↔	146	16.0	↔	288			
4.0	↔	72	8.3	↔	150	17.0	↔	306			
4.4	↔	80	9.0	↔	162	18.0	↔	325			
4.7	↔	85	9.4	↔	170	19.0	↔	342			
5.0	↔	90	10.0	↔	180	20.0	↔	360			
5.6	↔	100	10.1	↔	182	20.8	↔	375			

Fill in the following information for quick and easy reference. This logbook covers the period from

\_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name: \_\_\_\_\_

Address:

City: \_\_\_\_\_ County/State: \_\_\_\_\_

Post Code/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

I have diabetes. For medical assistance, please contact:

Doctor's Name: \_\_\_\_\_

Doctor's Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County/State: \_\_\_\_\_

Post Code/Zip: \_\_\_\_\_

\*I take the following medications:

# Blood Glucose Test Result Chart Example

The following provides an example of how to chart your blood glucose test results and related information.

Day	Breakfast			Lunch			Dinner			Bedtime		
	Time	Before Time	After Time	Before Time	After Time	After Time	Before Time	After Time	After Time	Before Time	After Time	Bedtime Time
	Insulin/ Medication	Blood Glucose	Blood Glucose	Insulin/ Medication	Blood Glucose	Blood Glucose	Insulin/ Medication	Blood Glucose	Blood Glucose	Insulin/ Medication	Blood Glucose	Blood Glucose
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Record the test date

Record the type and the amount of insulin you take each time

Record any particular condition like diet, exercise or stress

Record the test time

Record your blood glucose result of "Before" / "After" meal test into the proper space

		Breakfast				Lunch				Dinner				Bedtime		
Day	Date	Time	Before	After	Time	Before	After	Time	Before	After	Time	Before	After	Time	Bedtime	
		Insulin/ Medication	Time	Blood Glucose	Time	Blood Glucose	Time	Blood Glucose	Time	Insulin/ Medication	Time	Blood Glucose	Time	Blood Glucose	Time	Blood Glucose
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