

Page a Day: Self-Monitoring Diary for T2D

Date:

Breakfast

Blood Glucose

Activity/Exercise:

Before:

Time:

After:

Time:

Lunch

Blood Glucose

Sleep:

Before:

Time:

After:

Time:

Number of Hours:

Sleep Quality: (1 = Poor, 5 = Excellent)




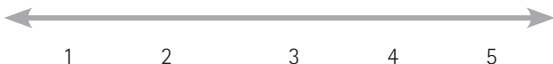
1

2

3

4

5

Tea/Dinner	Blood Glucose	Mood/Tension:
	<p>Before:</p> <p>Time:</p> <p>After:</p> <p>Time:</p>	<p>Mood: (1 = Very low, 5 = Good/Happy)</p>  <p>Tension: (1 = Calm/Relaxed, 5 = Very Stressed)</p> 
Drinks and Snacks		Symptoms, Issues and Problems
Reminders for the Day		Measurements
		<p>Blood pressure:</p> <p>Time:</p> <p>Weight:</p>