INSULIN INJECTIONS						BLOOD MONITORING										
TYPE		NUMBER OF UNITS				TEST	BREAKFAST		LUNCH		DINNER		BED TIME	OVER NIGHT	NOTES:
Action	Code	MORN	NOON	EVE	NIGHT		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER			
SHORT						SUGAR									
LONGER						BOLUS									
TIME/SITE						TIME OF TEST									
SHORT						SUGAR									
LONGER						BOLUS									
TIME/SITE						TIME OF TEST									
SHORT						SUGAR									
LONGER						BOLUS									
TIME/SITE						TIME OF TEST									
SHORT						SUGAR									
LONGER						BOLUS									
TIME/SITE						TIME OF TEST									
SHORT						SUGAR									
LONGER						BOLUS									
TIME/SITE						TIME OF TEST									
SHORT						SUGAR									
LONGER						BOLUS									
TIME/SITE						TIME OF TEST									
SHORT						SUGAR									
LONGER						BOLUS									
TIME/SITE						TIME OF TEST									