

Site Number: _____

Screening ID: _____ - ____

First 3 Letters of First Name: _____

Complete this form to record the results of the subject's 8-point day.

A. DATE INFORMATION

1. Date 8-point day started:

____ / ____ / _____
MM DD YYYY

B. BLOOD GLUCOSE AND INSULIN RECORD

Record the following information for the time points indicated:

	a. Time (24 hour)	b. Blood glucose	c. Insulin Dose 1	d. Insulin Type 1 *	e. Insulin Dose 2	f. Insulin Type 2*	g. Insulin Dose 3	h. Insulin Type 3*
1. Bedtime (start):	____:____ HH:MM	____ mg/dl	____. units	—	____. units	—	____. units	—
2. Before breakfast:	____:____ HH:MM	____ mg/dl	____. units	—	____. units	—	____. units	—
3. After breakfast:	____:____ HH:MM	____ mg/dl	____. units	—	____. units	—	____. units	—
4. Before lunch:	____:____ HH:MM	____ mg/dl	____. units	—	____. units	—	____. units	—
5. After lunch:	____:____ HH:MM	____ mg/dl	____. units	—	____. units	—	____. units	—
6. Before dinner:	____:____ HH:MM	____ mg/dl	____. units	—	____. units	—	____. units	—
7. After dinner:	____:____ HH:MM	____ mg/dl	____. units	—	____. units	—	____. units	—
8. Bedtime (finish):	____:____ HH:MM	____ mg/dl	____. units	—	____. units	—	____. units	—

*** Insulin Types**

- | | |
|-----------------|---------------------|
| 1 = Humalog | 6 = Ultralente |
| 2 = NovoLog | 7 = Lantus/Glargine |
| 3 = Regular (R) | 8 = Detemir |
| 4 = NPH (N) | 9 = Other insulin |
| 5 = Lente | |

Initials (first, middle, last) of person completing this form: _____
F M L

Date form completed: ____ / ____ / _____
MM DD YYYY

*On all questions write "?" if the desired information is currently unavailable, but is being checked and will be known in future updates.
Write "*" if the desired information is permanently unavailable (i.e. will not be known in any future updates).*