



**ENDOCRINOLOGY & DIABETES UNIT**

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**BLOOD GLUCOSE LOG FOR CYSTIC FIBROSIS-RELATED DIABETES**

Patient: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Diagnosis: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date	Blood Glucose			Diabetes Medication, if Any				Comments: Exercise, Diet, Missed Meals, Illness, etc.
	Fasting: before Breakfast	2 Hours after Supper	Other Time(s)	AM	Noon	Supper	Bed	

**Desired Blood Glucose Levels:**

- fasting: less than 7.0 mmol/L
- 2 hours after meal: less than 9.0 mmol/L

Your Suggestions: \_\_\_\_\_