Blood Glucose Curve Questionnaire

Patient name_____ Date _____

1. Name of medication: _____.
2. How many units: _____.
3. What time do you give injections? _____.
4. Describe appetite? _____.
5. Describe energy level? _____.
6. Describe water intake? _____.
7. Describe urine output? _____.
8. Have you made any diet changes or new treats? YES NO
9. Have you noticed any changes? _____.

Comments _____

_____.

Time	Blood Glucose	Comments