

# MY DIABETES DIARY

You can  
stick your  
photo here!

# MY DIABETES DIARY

My name is

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I am

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years old

The information in this diary is not intended  
to replace the advice of your Diabetes  
Specialist Nurse or Doctor.



I'm Dr. Fantastic  
and I'd like to tell you about your  
Dr. Fantastic Diabetes Diary.

When you have diabetes, there can be lots to remember, that's why it's a good idea to write this information down.

You can use this diary to record things like your blood sugar readings and your insulin doses. You can also write down anything special that has happened that day in your Notes, like whether you felt sick or did more exercise than normal.

Keeping a diary of these things is good because it helps you to understand more about how your body works. And you can show it to your Diabetes Specialist Nurse or Doctor so they can see how your body is reacting to the different things you do.

“We all want to stay healthy and this is a great place to start.”



Talk to your Diabetes Specialist Nurse or Doctor about the best times for you to test your blood sugar level.

Testing and writing down your blood sugar level helps you to keep an eye on your diabetes and helps you to understand your body more.

You can use the Notes section to write down things like if you've been feeling unwell, had a hypo or missed a meal.





Or even if you've been to a party and eaten anything different or done something more energetic than usual.

All of these things will help you and your Diabetes Specialist Nurse or Doctor to see how your body reacts to different things - and all of this information will be used to help keep you healthy.

So be sure to fill in all your information in the following pages.

# **IMPORTANT INFORMATION ABOUT YOU**

**Name:**

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**Birthday:**

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## **Emergency Contact Details**

**Name:** \_\_\_\_\_

**Relationship to you:** \_\_\_\_\_

**Address:** \_\_\_\_\_

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**Telephone number:**

**(Daytime)** \_\_\_\_\_

**(Evening)** \_\_\_\_\_

## **Hospital Doctor**

**Name:** \_\_\_\_\_

**Contact number:** \_\_\_\_\_

## **Diabetes Specialist Nurse**

**Name:** \_\_\_\_\_

**Contact number:** \_\_\_\_\_

## Endocrinologist

Name: \_\_\_\_\_

Contact number: \_\_\_\_\_

Address: \_\_\_\_\_

## GP/Practice Nurse

Name: \_\_\_\_\_

Contact number: \_\_\_\_\_

## Treatment Information

Insulin type (breakfast):

\_\_\_\_\_

Dose:

\_\_\_\_\_

Insulin type (lunch):

\_\_\_\_\_

Dose:

\_\_\_\_\_

Insulin type (evening meal):

\_\_\_\_\_

Dose:

\_\_\_\_\_

Insulin type (bedtime):

\_\_\_\_\_

Dose:

Other medication:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# MORE ABOUT YOU

Stuff you like to do in:

Spring: \_\_\_\_\_

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Summer: \_\_\_\_\_

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Autumn: \_\_\_\_\_

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Winter: \_\_\_\_\_

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What did you do on your best day ever?

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Who is your first friend?

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Imagine you are living on a desert island. What 10 things would you bring with you?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_

10. \_\_\_\_\_

# ABOUT YOUR DIABETES

At what age did you get diabetes?

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How do you feel about having diabetes?

- It's ok
- It's not so bad
- It stinks!

How do you explain diabetes to your friends? \_\_\_\_\_

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What makes your blood sugar high?

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What do you do when your blood sugar is high? \_\_\_\_\_

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What makes your blood sugar low? \_\_\_\_\_

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What do you do when your blood sugar is low? \_\_\_\_\_

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What would you like to know about your diabetes? \_\_\_\_\_

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# YOUR FAMILY

How many brothers do you have?

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How many sisters do you have?

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Who are the members of your family?

Name: \_\_\_\_\_

Relationship to you:

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Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

## YOUR FAMILY TREE

Make a chart of your family. Start with the oldest people you know, like your grandparents or great grandparents and finish up with yourself.



What is your favourite thing to do  
with your family? \_\_\_\_\_

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What was the best holiday you've ever  
taken and why? \_\_\_\_\_

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# **MORE ABOUT YOUR FAMILY**

**What pets do you have?**

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**What are their names?**

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**If you had a million rand, where would you love to go?**

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**What is your favourite thing on holiday?**

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# YUM! YUM!

What is your favourite food?

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What is your favourite breakfast?

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What is your favourite lunch?

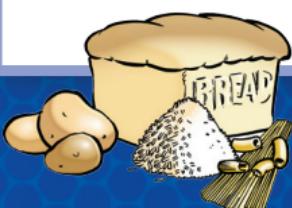
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What is your favourite dinner?

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What is your favourite snack?

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**YUM! YUM!**



What foods are good for you?

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What foods should you only have sometimes?

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# FUNNY THINGS!

## What is your favourite joke?

## What things make you laugh?

## Who is your funniest friend and why?

# LISTS

Favourite film?

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Worst film?

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Best pop group?

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Worst pop group?

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Best TV show?

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Worst TV show?

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Favourite animal?

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Favourite colour?

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Favourite number?

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**Favourite subject in school?**

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**Favourite game?**

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**Favourite book?**

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**Favourite author?**

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**Favourite season?**

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**Favourite sport to play?**

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**Favourite sport to watch?**

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**What are your hobbies?**

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**What do you want to be when you grow up?**

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# CHECK-UP PAGE

Date	
HbA1c reading	
Weight	
Height	
Change to treatment	
Next appointment	
Notes	

# NOTES



SANOFI DIABETES 

Going beyond together

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