

# Daily Log Sheet

Name \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Return to clinic \_\_\_\_\_

Target ranges: Pre-meal \_\_\_\_\_ Post-meal \_\_\_\_\_

<b>Day 1</b>	<b>Breakfast</b>	<b>Lunch</b>	<b>Dinner</b>	<b>Snack</b>
	Time:	Time:	Time:	Time:
	Insulin:	Insulin:	Insulin:	Insulin:
	Food items/carbs:	Food items/carbs:	Food items/carbs:	Food items/carbs:
	<b>Activity (Time/Duration):</b>			
<b>Day 2</b>	<b>Breakfast</b>	<b>Lunch</b>	<b>Dinner</b>	<b>Snack</b>
	Time:	Time:	Time:	Time:
	Insulin:	Insulin:	Insulin:	Insulin:
	Food items/carbs:	Food items/carbs:	Food items/carbs:	Food items/carbs:
	<b>Activity (Time/Duration):</b>			
<b>Day 3</b>	<b>Breakfast</b>	<b>Lunch</b>	<b>Dinner</b>	<b>Snack</b>
	Time:	Time:	Time:	Time:
	Insulin:	Insulin:	Insulin:	Insulin:
	Food items/carbs:	Food items/carbs:	Food items/carbs:	Food items/carbs:
	<b>Activity (Time/Duration):</b>			
<b>Day 4</b>	<b>Breakfast</b>	<b>Lunch</b>	<b>Dinner</b>	<b>Snack</b>
	Time:	Time:	Time:	Time:
	Insulin:	Insulin:	Insulin:	Insulin:
	Food items/carbs:	Food items/carbs:	Food items/carbs:	Food items/carbs:
	<b>Activity (Time/Duration):</b>			
<b>Day 5</b>	<b>Breakfast</b>	<b>Lunch</b>	<b>Dinner</b>	<b>Snack</b>
	Time:	Time:	Time:	Time:
	Insulin:	Insulin:	Insulin:	Insulin:
	Food items/carbs:	Food items/carbs:	Food items/carbs:	Food items/carbs:
	<b>Activity (Time/Duration):</b>			

## Day 6

<b>Breakfast</b>	<b>Lunch</b>	<b>Dinner</b>	<b>Snack</b>
Time:	Time:	Time:	Time:
Insulin:	Insulin:	Insulin:	Insulin:
Food items/carbs:	Food items/carbs:	Food items/carbs:	Food items/carbs:
<b>Activity (Time/Duration):</b>			

## Day 7

<b>Breakfast</b>	<b>Lunch</b>	<b>Dinner</b>	<b>Snack</b>
Time:	Time:	Time:	Time:
Insulin:	Insulin:	Insulin:	Insulin:
Food items/carbs:	Food items/carbs:	Food items/carbs:	Food items/carbs:
<b>Activity (Time/Duration):</b>			

## Day 8

<b>Breakfast</b>	<b>Lunch</b>	<b>Dinner</b>	<b>Snack</b>
Time:	Time:	Time:	Time:
Insulin:	Insulin:	Insulin:	Insulin:
Food items/carbs:	Food items/carbs:	Food items/carbs:	Food items/carbs:
<b>Activity (Time/Duration):</b>			

## Day 9

<b>Breakfast</b>	<b>Lunch</b>	<b>Dinner</b>	<b>Snack</b>
Time:	Time:	Time:	Time:
Insulin:	Insulin:	Insulin:	Insulin:
Food items/carbs:	Food items/carbs:	Food items/carbs:	Food items/carbs:
<b>Activity (Time/Duration):</b>			

## Day 10

<b>Breakfast</b>	<b>Lunch</b>	<b>Dinner</b>	<b>Snack</b>
Time:	Time:	Time:	Time:
Insulin:	Insulin:	Insulin:	Insulin:
Food items/carbs:	Food items/carbs:	Food items/carbs:	Food items/carbs:
<b>Activity (Time/Duration):</b>			

**Return your transmitter to your healthcare provider within 30 days of session start.  
Visit [dexcom.com](http://dexcom.com) for more information on getting a personal Dexcom G6.**

**BRIEF SAFETY STATEMENT** Failure to use the Dexcom G6 Pro Continuous Glucose Monitoring System (G6 Pro) and its components according to the instructions for use provided with your device and available at <https://www.dexcom.com/safety-information> and to properly consider all indications, contraindications, warnings, precautions, and cautions in those instructions for use may result in your patient missing a severe hypoglycemia (low blood glucose) or hyperglycemia (high blood glucose) occurrence and/or making a treatment decision that may result in injury. If your patient's glucose alerts and readings from the G6 Pro do not match symptoms or expectations or your patient is taking over the recommended maximum dosage amount of 1000mg of acetaminophen every 6 hours, use a blood glucose meter to make diabetes treatment decisions. Your patient will not receive alerts and alarms when the G6 Pro is on blinded mode. Seek medical advice and attention when appropriate, including for any medical emergency.

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