MY DIABETES RECORD BOOK

A booklet prepared by the Health Promotion and Disease Prevention Directorate

GOVERNMENT OF MALTA
MINISTRY FOR HEALTH AND ACTIVE AGEING

Health Promotion & Disease Prevention Directorate

C4D CARE4 DIABETES Joint Action

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DISCLAIMER

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June 2025.

Care4Diabetes

DELICIOUS MEALS

VARIED EXERCISE

GOOD QUALITY SLEEP

RELAXATION

REDUCTION IN MEDICATION
(*under medical guidance*)

PERSONAL INFORMATION

Name:

Phone number:

Emergency contact:

Doctor's name and contact:

What are my blood glucose targets?

Time	My Target Range*
Before meal	
2 hours after meal	
Bedtime	
Other times	

*Please consult your doctor about your blood glucose target ranges.

KNOW AND CONTROL YOUR NUMBERS

	Goal	Date/Result	Date/Result	Date/Result
HbA1c				
Total cholesterol				
LDL cholesterol ('Bad')				
HDL cholesterol ('Good')				
Triglycerides				
Creatinine				
Weight in kgs				
Blood pressure				

APPOINTMENTS

	Date/Time	Date/Time	Date/Time	Date/Time
Diabetic Eye check				
Dental check				
Foot check				
Outpatient appointments				

MEDICATIONS LIST

Write here all the medications you take. Remember to update the list when the doctor makes changes!

Date	Name of medication	Dose	How often per day	Special instructions
1/1/2025	Metformin	500mgs	1 tablet twice a day	With food

CHECKING YOUR BLOOD GLUCOSE LEVELS AT HOME

1. Wash your hands with warm, soapy water. Don't use wet wipes as the glycerine in them can affect the test result. Make sure your hands are warm so it's easier to get blood and won't hurt as much.

2. Take a test strip and slot it into the meter to turn it on.

3. Remove the cap from your finger prick device and put in a new lancet. Then put the cap back on and set the device by pulling or clicking the plunger.

4. Choose which finger to prick but avoid your thumb or index finger (finger next to your thumb). Also, don't prick the middle part of your finger, or too close to a nail. Place the device against the side of your finger and press the plunger. Use a different finger each time and a different area.

5. Take your meter with the test strip and hold it against the drop of blood. It will tell you if the test strip is filled, usually by beeping.

6. Before you look at your reading, check your finger. Use a tissue to stop bleeding, and with the same tissue, take out the lancet and throw it away in your sharps bin.

7. By this time, your meter will probably show the result. Note it down.

8. You can use the same tissue to take out the test strip and throw that away too. Taking out the strip will usually turn the meter off.

DAILY BLOOD GLUCOSE LOG

Date	Breakfast		Lunch	
	Before	2 hrs after	Before	2 hrs after

BLOOD GLUCOSE LEVELS (MMOL/L)

Dinner		Bedtime	Comments
Before	2 hrs after	Levels	

DAILY BLOOD GLUCOSE LOG

Date	Breakfast		Lunch	
	Before	2 hrs after	Before	2 hrs after

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DAILY BLOOD GLUCOSE LOG

Date	Breakfast		Lunch	
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BLOOD GLUCOSE LEVELS (MMOL/L)

Dinner		Bedtime	Comments
Before	2 hrs after	Levels	

DAILY BLOOD GLUCOSE LOG

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	Before	2 hrs after	Before	2 hrs after

BLOOD GLUCOSE LEVELS (MMOL/L)

Dinner		Bedtime	Comments
Before	2 hrs after	Levels	

DAILY BLOOD GLUCOSE LOG

Date	Breakfast		Lunch	
	Before	2 hrs after	Before	2 hrs after

BLOOD GLUCOSE LEVELS (MMOL/L)

Dinner		Bedtime	Comments
Before	2 hrs after	Levels	

DAILY BLOOD GLUCOSE LOG

Date	Breakfast		Lunch	
	Before	2 hrs after	Before	2 hrs after

BLOOD GLUCOSE LEVELS (MMOL/L)

Dinner		Bedtime	Comments
Before	2 hrs after	Levels	

MY WEEKLY LOG

DO YOU NEED FURTHER INFORMATION ON TYPE 2 DIABETES?

Visit:
hpdp.gov.mt

or call us on:
2326 6000

WEEKLY LOG

Week 1	Date:		
Physical Activity	Duration:		
	Intensity:		
	Type of exercise: eg. walking		
	Comments:		

General wellbeing	Stress:	The Low-Stress Zone … The High-Stress Zone 1 2 3 4 5 6 7 8 9 10	
	Sleep:	Hours of sleep per day	
	Water:	Number of glasses per day	
	Comments:		

Week 2	Date:		
Physical Activity	Duration:		
	Intensity:		
	Type of exercise: eg. walking		
	Comments:		

General wellbeing	Stress:	The Low-Stress Zone … The High-Stress Zone 1 2 3 4 5 6 7 8 9 10	
	Sleep:	Hours of sleep per day	
	Water:	Number of glasses per day	
	Comments:		

WEEKLY LOG

Week 3	Date:		
Physical Activity	Duration:		
	Intensity:		
	Type of exercise: eg. walking		
	Comments:		

General wellbeing	Stress:	The Low-Stress Zone … The High-Stress Zone 1 2 3 4 5 6 7 8 9 10	
	Sleep:	Hours of sleep per day	
	Water:	Number of glasses per day	
	Comments:		

Week 4	Date:		
Physical Activity	Duration:		
	Intensity:		
	Type of exercise: eg. walking		
	Comments:		

General wellbeing	Stress:	The Low-Stress Zone … The High-Stress Zone 1 2 3 4 5 6 7 8 9 10	
	Sleep:	Hours of sleep per day	
	Water:	Number of glasses per day	
	Comments:		

WEEKLY LOG

Week 5	Date:		
Physical Activity	Duration:		
	Intensity:		
	Type of exercise: eg. walking		
	Comments:		

General wellbeing	Stress:	The Low-Stress Zone … The High-Stress Zone 1 2 3 4 5 6 7 8 9 10	
	Sleep:	Hours of sleep per day	
	Water:	Number of glasses per day	
	Comments:		

Week 6	Date:		
Physical Activity	Duration:		
	Intensity:		
	Type of exercise: eg. walking		
	Comments:		

General wellbeing	Stress:	The Low-Stress Zone … The High-Stress Zone 1 2 3 4 5 6 7 8 9 10	
	Sleep:	Hours of sleep per day	
	Water:	Number of glasses per day	
	Comments:		

WEEKLY LOG

Week 7	Date:		
Physical Activity	Duration:		
	Intensity:		
	Type of exercise: eg. walking		
	Comments:		

General wellbeing	Stress:	The Low-Stress Zone … The High-Stress Zone 1 2 3 4 5 6 7 8 9 10	
	Sleep:	Hours of sleep per day	
	Water:	Number of glasses per day	
	Comments:		

Week 8	Date:	
Physical Activity	Duration:	
	Intensity:	
	Type of exercise: eg. walking	
	Comments:	

General wellbeing	Stress:	The Low-Stress Zone … The High-Stress Zone 1 2 3 4 5 6 7 8 9 10	
	Sleep:	Hours of sleep per day	
	Water:	Number of glasses per day	
	Comments:		

MY MEDICAL LOG

Questions to the medical professionals:	Notes:
What are the tests for?	
How and when will I get the results?	
Are there other ways to treat my condition?	

MY FOOD LOG

Foods that affect my blood glucose:	Foods that did not affect my blood glucose:

MY MEDICAL LOG

Questions to the medical professionals:	Notes:
How long will I need treatment for?	
What will happen if I do not take the treatment?	
Is there anything I should avoid or stop doing?	

MY FOOD LOG

Foods that affect my blood glucose:	Foods that did not affect my blood glucose:

MY NOTES

For more information, please contact:

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