

# Test Day 1



**These test day templates may help you to more accurately calculate your insulin requirements, but should be completed and reviewed with your healthcare team. Please consult with your health care provider as to whether they wish you to undertake this exercise before starting.**

## Test Day 1 instructions:

- Do not eat from 8pm the night before until midday the next day
- Record the date of your test day and the time of your last meal below
- Miss breakfast or have a carbohydrate-free meal/snack
- Record your blood glucose at the times that have boxes marked with an asterisk\* in the table below
- Record pre-bed glucose levels if you go to bed earlier than midnight

Date: .....

Time of last meal: .....

## Test day 1 blood glucose table:

Please record your blood glucose levels in the boxes marked with an asterisk\*

BGL = Blood glucose (sugar) level

Time	Pre-bed	0000 (midnight)	0100	0200	0300	0400	0500	0600	0700	0800	0900	1000	1100	1200 (midday)
No food or carb-free food only														
BGL	*	*		*		*		*		*		*		*

## Test Day 2



### Test Day 2 instructions:

- Have breakfast just before 8am
- Miss lunch or have carbohydrate free meal
- Record your blood glucose at the times that have boxes marked with an asterisk\* in the table below
- Have dinner with carbohydrate after 6pm (1800h)

Date: ..... Time of breakfast: .....

Carbohydrate value of breakfast: ..... Insulin dose for breakfast: .....

### Test day 2 blood glucose table:

Please record your blood glucose levels in the boxes marked with an asterisk\*

BGL = Blood glucose (sugar) level

Time	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800
No food or carb-free food only												
BGL	*	*		*		*		*		*		*



## Test Day 3

### Test Day 3 instructions:

- Have lunch just before midday
- Miss dinner or have carbohydrate free meal
- Record your blood glucose at the times that have boxes marked with an asterisk\* in the table below
- Have a meal with carbohydrate after 10pm (2200h)

Date: .....

Time of lunch: .....

Carbohydrate value of lunch: .....

Insulin dose for lunch: .....

### Test Day 3 blood glucose table:

Please record your blood glucose levels in the boxes marked with an asterisk\*

BGL = Blood glucose (sugar) level

Time	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200
No food or carb-free food only												
BGL	*	*		*		*		*		*		*

# Test Day 4



## Test Day 4 instructions:

- Have dinner just before 6pm (1800h)
- Do not eat after 6pm (1800h) until midnight
- Record your blood glucose at the times that have boxes marked with an asterisk\* in the table below
- Have a snack containing carbohydrate after midnight if desired

Date: \_\_\_\_\_ Time of dinner: \_\_\_\_\_

Carbohydrate value of dinner: \_\_\_\_\_ Insulin dose for dinner: \_\_\_\_\_

## Test Day 4 blood glucose table:

Please record your blood glucose levels in the boxes marked with an asterisk\*

BGL = Blood glucose (sugar) level

Time	1700	1800	1900	2000	2100	2200	2300	0000 (midnight)
No food or carb-free food only								
BGL	*	*		*		*		*

