CAMPER: _____ **AGE:**_____

☐ Pump:_____ Insulin Used in Pump:_____	☐ Shots	☐ Pen	Short Acting Insulin:_____
	☐ **POLI**	☐ Syringe	Long Acting Insulin:_____
☐ CGM	If yes, brand: _____	HCL? Y N	

PRE-CAMP LOG

BASELINE/HOME **Corr./Sens. Factor = DAY: _____ NIGHT: _____ Insulin:Carb = Breakfast: _____ Lunch: _____ Dinner: _____**

THURSDAY

TIME/ BASAL (U)	12m	1a	2a	3a	4a	5a	6a	7a	8a	9a	10a	11a	12p	1p	2p	3p	4p	5p	6p	7p	8p	9p	10p	11p
BG																								
CGM																								
CORRECTION (U)																								
CARB (G)																								
BOLUS (U)																								

NOTES:

FRIDAY

TIME/ BASAL (U)	12m	1a	2a	3a	4a	5a	6a	7a	8a	9a	10a	11a	12p	1p	2p	3p	4p	5p	6p	7p	8p	9p	10p	11p
BG																								
CGM																								
CORRECTION (U)																								
CARB (G)																								
BOLUS (U)																								

NOTES:

SATURDAY

TIME/ BASAL (U)	12m	1a	2a	3a	4a	5a	6a	7a	8a	9a	10a	11a	12p	1p	2p	3p	4p	5p	6p	7p	8p	9p	10p	11p
BG																								
CGM																								
CORRECTION (U)																								
CARB (G)																								
BOLUS (U)																								

NOTES:

SUNDAY

TIME/ BASAL (U)	12m	1a	2a	3a	4a	5a	6a	7a	8a	9a	10a	11a	12p	1p	2p
BG															
CGM															
CORRECTION (U)															
CARB (G)															
BOLUS (U)															