Continuous glucose monitoring (CGM) is useful for assessment of diabetic control and treatment adjustment in patients receiving multiple daily injections (MDI) or pump therapy. However in some cases we do not receive enough information because of some recording problems. Assessing the reasons for such problems could predict method disadvantages and diminish unsuccessful recordings. We studied 69 patients (age 45.6 ± 15.4 years, 40 men and 29 women), most of them (69.5%) on intensified insulin regimen (39 patients on MDI, 9 on pump therapy), 3 on therapy with insulin mixtures, 12 on oral therapy. All they underwent CGM with iPro™2. 24.64% of patients had some problems in recordings (entirely missing in 4 of them, partially missing in 7 and occasional interruptions in 6). No difference was found in gender, diabetes duration, body mass index, waist circumference, glycated hemoglobin and level of blood glucose between groups with good and bad quality of records. Patients with poor recordings had performed lower number of calibrations (21.70±7.14 vs. 9.25±11.48, p=0.00001) and were younger by age (48.7±15.19 vs. 38.3±13.78 years, p=0.03). Based on our study we do not find features differing patients with bad and good recordings except precision of calibration. More expanded assessments of large groups are needed to define exact predicting factors for CGM quality. Still we have to be aware in obese patients and those with often hypoglycemic episodes and glucose variations.