

BLOOD SUGAR LOG

Week of: ___/___/___ to: ___/___/___

My target blood sugar ranges are

Belongs to: _____

_____ mg/dL to _____ mg/dL before meals

Healthcare Professional _____

_____ mg/dL to _____ mg/dL 2 hours after meals

Phone _____

My A1C Level is: _____ My A1C Goal is: _____

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Medication							
Breakfast Pre/Post-Time	/	/	/	/	/	/	/
	/	/	/	/	/	/	/
Medication							
Lunch Pre/Post-Time	/	/	/	/	/	/	/
	/	/	/	/	/	/	/
Medication							
Dinner Pre/Post-Time	/	/	/	/	/	/	/
	/	/	/	/	/	/	/
Medication							
Bedtime Pre/Post-Time	/	/	/	/	/	/	/
	/	/	/	/	/	/	/
Medication							
3 AM Pre/Post-Time	/	/	/	/	/	/	/
	/	/	/	/	/	/	/
Medication							
Other Pre/Post-Time	/	/	/	/	/	/	/
	/	/	/	/	/	/	/
NOTES							