

BLOOD SUGAR LOG

PATIENT NAME _____ WEEK OF _____

	Fasting Blood Sugar	Med/ Insulin	Breakfast Blood Sugar	Med/ Insulin	Lunch Blood Sugar	Med/ Insulin	Dinner Blood Sugar	Med/ Insulin	Before Bed Blood Sugar	Med/ Insulin	Comments
TARGETS	95 or Less		120 or Less		120 or Less		120 or Less		120 or Less		
MONDAY											
TUESDAY											
WEDNESDAY											
THURSDAY											
FRIDAY											
SATURDAY											
SUNDAY											

PLEASE BE SURE TO CHECK BLOOD SUGAR WHILE FASTING AND 2 HOURS AFTER EVERY MEAL.