

(Name) _____'s Daily Blood Sugar Log

Week of _____ Goal: _____



How To Track:

- Check your blood sugar before and after meals.
- Record below and bring it to every doctor, hospital, and emergency room visit.

For Appointments, Call 318.706.0022

	Breakfast			Lunch			Dinner			Bedtime			Overnight		
	Blood sugar before	insulin	Blood sugar after	Blood sugar before	insulin	Blood sugar after	Blood sugar before	insulin	Blood sugar after	Blood sugar before	insulin	Blood sugar after	Blood sugar before	insulin	Blood sugar after
Sunday															
Monday															
Tuesday															
Wednesday															
Thursday															
Friday															
Saturday															

Notes: _____

