

Blood Sugar Log



We want to support your blood sugar goals. You and your doctor will decide **what** your goals are and **how often** to check your blood sugar. Please take this log to **your next doctor visit**.

NAME: _____

WEEK OF: _____

BLOOD SUGAR LOG

Please write your **blood sugar results** in the “Blood Sugar” column. If you take insulin, write the **units** in the “Units” column.

MY BLOOD SUGAR GOALS

Fasting or before meals: _____

1-2 hours after eating: _____

Ask your doctor what times to check your blood sugar	SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY	
	Blood Sugar	Units	Blood Sugar	Units	Blood Sugar	Units	Blood Sugar	Units	Blood Sugar	Units	Blood Sugar	Units	Blood Sugar	Units
BEFORE BREAKFAST														
AFTER BREAKFAST														
BEFORE LUNCH														
AFTER LUNCH														
BEFORE DINNER														
AFTER DINNER														
AT BEDTIME														
OVERNIGHT														