



Fill in your daily blood glucose (BG) test results, list your daily meals and snacks and track the doses of insulin and medications you take each day.

NAME: _____ MR #: _____

DIABETES BLOOD SUGAR LOG

Date: _____

BG		MED		BREAKFAST		BG		MED		LUNCH		BG		MED		DINNER		BEDTIME	
	Post																	BG	MED
		Morning Snacks				Afternoon Snacks				Evening Snacks									
Exercise																			

Date: _____

BG		MED		BREAKFAST		BG		MED		LUNCH		BG		MED		DINNER		BEDTIME	
	Post																	BG	MED
		Morning Snacks				Afternoon Snacks				Evening Snacks									
Exercise																			

Date: _____

BG		MED		BREAKFAST		BG		MED		LUNCH		BG		MED		DINNER		BEDTIME	
	Post																	BG	MED
		Morning Snacks				Afternoon Snacks				Evening Snacks									
Exercise																			

Comments to include, illness, stress, and med/dietary changes, or hypoglycemia. (What do you think caused any changes in your blood glucose level to occur?)

MED = Medication/Insulin dose **BG** = Blood glucose reading **Post** = 1 hour after meal blood glucose reading



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									BG	MED	
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		Morning Snacks			Afternoon Snacks			Evening Snacks			
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									BG	MED	
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