Blood Sugar Log

NAME _____ WEEK OF _____

METER _____

DAY	DATE	FASTING	BEFORE MEAL	AFTER MEAL	BEDTIME	NOTES
Mon						
Tue						
Wed						
Thu						
Fri						
Sat						
Sun						
Mon						
Tue						
Wed						
Thu						
Fri						
Sat						
Sun						

Tip: write readings in mg/dL. If you test at an unusual time, write the time next to the number.