BLOOD SUGAR LOG

Target Range: _____
Name:
Week Of:

DATE	TIME	MEAL PHASE		READING (MG/DL)	NOTES (FOOD, ACTIVITY, MEDS)
		BEFORE	AFTER		

DATE	TIME	MEAL PHASE		READING (MG/DL)	NOTES (FOOD, ACTIVITY, MEDS)
		BEFORE	AFTER		

This log is for personal tracking. Always consult with a healthcare professional regarding your readings.