

WEEKLY BLOOD SUGAR LOG

Target Range: _____

NAME:

WEEK OF:

DAY	BREAKFAST		LUNCH		DINNER		BEDTIME
	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	
	Monday						
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							

WEEKLY NOTES (Medication changes, symptoms, or physical activity):

* Always consult your healthcare provider regarding your blood sugar readings.