

DAILY BLOOD SUGAR LOG

Target Range: _____ to _____

Name:

Date:

Weight:

| TIME OF DAY | BLOOD SUGAR | CARBS (G) | INSULIN DOSE | NOTES (ACTIVITY/MOOD) |
|---------------------------|-------------|-----------|--------------|-----------------------|
| Breakfast | | | | |
| Mid-Morning | | | | |
| Lunch | | | | |
| Afternoon | | | | |
| Dinner | | | | |
| Bedtime | | | | |
| Night (___ AM) | | | | |

Daily Summary & Observations:

Contact Healthcare Provider if blood sugar is consistently outside of target range.