

DAILY GLUCOSE & INSULIN LOG

Date: _____

Weight: _____

TIME OF DAY	GLUCOSE (MG/DL)	INSULIN DOSE	CARBS / ACTIVITY / NOTES
Wake Up			
Breakfast			
Lunch			
Afternoon			
Dinner			
Bedtime			
Night			
Other			

DAILY TOTALS

Total Insulin: _____ units

Total Carbs: _____ g

DAILY TARGET RANGE

Low: _____ High: _____

OBSERVATIONS & SYMPTOMS