Daily Blood Sugar Log

Please print this form to assist you in keeping track of your blood pressure at home.

Name: _____ Date of Birth: _____

Target Blood Sugar: _____

Date:	**Time (a.m) Fasting**	**Blood sugar:**	**Time (Noon)**	**Blood Sugar:**	**Time (P.M.)**	**Blood Sugar:**	**Comments: (Sickness, Diet, Exercise)**
Sample	*8:37*	*113*	*1:20*	*145*	*9:30*	*115*	*Exercised for 1 hour*