

Blood Glucose Log

Name: _____ Start Date: _____

	Morning	Breakfast		Lunch		Dinner		Bedtime
	Fasting	Before	2 hrs after	Before	2 hrs after	Before	2 hrs after	
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								

Notes