

Blood Glucose Log

Week of _____



before meal



after meal



insulin/meds



bedtime



	BREAKFAST			LUNCH			DINNER			SNACK/ OTHER	BED	
DAY												
Mon												
TIME												
Notes:												
Tues												
TIME												
Notes:												
Wed												
TIME												
Notes:												
Thurs												
TIME												
Notes:												
Fri												
TIME												
Notes:												
Sat												
TIME												
Notes:												
Sun												
TIME												
Notes:												

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