

Name: _____

BLOOD SUGAR LOG

Chart No: _____

Day Phone: _____

Usual time: _____

Day / DATE	BREAKFAST		Other	LUNCH		Other	SUPPER		Other	BED TIME	COMMENTS: <i>Exercise; large, small or missed meals; illness; stress; BS lows & how treated, or anything unusual.</i>	Insulin Taken			
	Before Eating	1-2 hrs After		Before Eating	1-2 hrs After		Before Eating	1-2 hrs After				Break-fast	Lunch	Sup-per	Bed-time