Name:_____

Chart No:_____

Day Phone:_____

BLOOD SUGAR LOG

Diabetes Medicines & Doses:_____

Usual time: _____ _____ _____ _____

DATE	BREAKFAST		Other	LUNCH		Other	SUPPER		Other	BED TIME	COMMENTS: *Exercise; large, small or missed meals; illness; stress; BS lows & how treated, or anything unusual.*	BP
	Before Eating	1-2 hrs After		Before Eating	1-2 hrs After		Before Eating	1-2 hrs After				