

Blood Glucose Log

Week of _____














before meal


after meal


insulin/meds


bedtime



	MEAL			MEAL			MEAL			SNACK/ OTHER	BED	
DAY												
Mon TIME												
Notes:												
Tues TIME												
Notes:												
Wed TIME												
Notes:												
Thurs TIME												
Notes:												
Fri TIME												
Notes:												
Sat TIME												
Notes:												
Sun TIME												
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