

Blood Sugar Diary

Name: _____

Date	Medication/Dose & Time	Breakfast		Lunch		Dinner		Bedtime	Notes Meals, snacks, exercise, illness, etc.
		Before	After	Before	After	Before	After	Before	
		Time	Time	Time	Time	Time	Time	Time	
		Blood Sugar	Blood Sugar	Blood Sugar	Blood Sugar	Blood Sugar	Blood Sugar	BS	
		Time	Time	Time	Time	Time	Time	Time	
		Blood Sugar	Blood Sugar	Blood Sugar	Blood Sugar	Blood Sugar	Blood Sugar	BS	
		Time	Time	Time	Time	Time	Time	Time	
		Blood Sugar	Blood Sugar	Blood Sugar	Blood Sugar	Blood Sugar	Blood Sugar	BS	
		Time	Time	Time	Time	Time	Time	Time	
		Blood Sugar	Blood Sugar	Blood Sugar	Blood Sugar	Blood Sugar	Blood Sugar	BS	
		Time	Time	Time	Time	Time	Time	Time	
		Blood Sugar	Blood Sugar	Blood Sugar	Blood Sugar	Blood Sugar	Blood Sugar	BS	
		Time	Time	Time	Time	Time	Time	Time	
		Blood Sugar	Blood Sugar	Blood Sugar	Blood Sugar	Blood Sugar	Blood Sugar	BS	
		Time	Time	Time	Time	Time	Time	Time	
		Blood Sugar	Blood Sugar	Blood Sugar	Blood Sugar	Blood Sugar	Blood Sugar	BS	

Physician Instruction:

Return for follow-up office visit in: **1 week** **2 weeks** **4 weeks** **1 month** **3 months**

PLEASE BRING THIS LOG WITH YOU TO YOUR NEXT FOLLOW-UP OFFICE VISIT