

Diabetes Blood Sugar Log

My current A1C is: _____ My A1C goal is: _____ My target blood sugar: Before meals: _____ After meals: _____

My physical activity goal: _____

Monday	Date	Breakfast Time BG*	Lunch Time BG	Dinner Time BG	Bedtime Time BG	Snack Time BG	Comments (sick, stress, medication)	Physical Activity
								<input type="checkbox"/> Yes <input type="checkbox"/> No
Tuesday	Date	Breakfast Time BG	Lunch Time BG	Dinner Time BG	Bedtime Time BG	Snack Time BG	Comments (sick, stress, medication)	Physical Activity
								<input type="checkbox"/> Yes <input type="checkbox"/> No
Wednesday	Date	Breakfast Time BG	Lunch Time BG	Dinner Time BG	Bedtime Time BG	Snack Time BG	Comments (sick, stress, medication)	Physical Activity
								<input type="checkbox"/> Yes <input type="checkbox"/> No
Thursday	Date	Breakfast Time BG	Lunch Time BG	Dinner Time BG	Bedtime Time BG	Snack Time BG	Comments (sick, stress, medication)	Physical Activity
								<input type="checkbox"/> Yes <input type="checkbox"/> No
Friday	Date	Breakfast Time BG	Lunch Time BG	Dinner Time BG	Bedtime Time BG	Snack Time BG	Comments (sick, stress, medication)	Physical Activity
								<input type="checkbox"/> Yes <input type="checkbox"/> No
Saturday	Date	Breakfast Time BG	Lunch Time BG	Dinner Time BG	Bedtime Time BG	Snack Time BG	Comments (sick, stress, medication)	Physical Activity
								<input type="checkbox"/> Yes <input type="checkbox"/> No
Sunday	Date	Breakfast Time BG	Lunch Time BG	Dinner Time BG	Bedtime Time BG	Snack Time BG	Comments (sick, stress, medication)	Physical Activity
								<input type="checkbox"/> Yes <input type="checkbox"/> No

*BG = Blood Glucose

• I will call my health care professional if my blood sugar is below: _____ above: _____