Blood Glucose Diary WEEK OF: _____ NAME: _____

Check with your provider for your specific targets, and how often you should test your blood glucose level:

WAKING-UP TARGET: _____ _____ BEFORE MEALS: NO MORE THAN _____ ; 2 HRS AFTER MEAL: NO MORE THAN _____ ; BEDTIME TARGET: _____ _____

Day Date	Medication	Breakfast Before/2 hr After	Medication	Lunch Before/2 hr After	Medication	Dinner Before/2 hr After	Medication	Bedtime
M 2/10	Glip./met	126 /164		140/219		109/170		124
Comments	Start Walking 15 min twice a day. Had large pasta for lunch.							
Date	Medication	Breakfast Before/2 hr After	Medication	Lunch Before/2 hr After	Medication	Dinner Before/2 hr After	Medication	Bedtime
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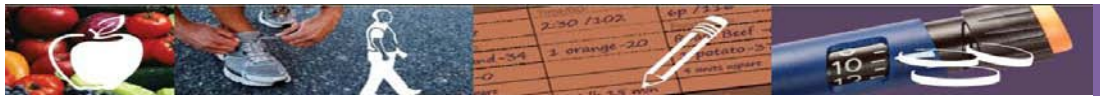
By writing down as much information as possible, your health care team will be able to help you understand how many different factors affect your blood sugars. Be as consistent as possible with timing, portion and type of meals, and physical activity.