Blood Sugar Log

Min mg/dL **Max** mg/dL

Target Ranges*

______ Upon Waking and Before Meals

______ 1-2 Hrs After Meals

______ At Bedtime

**consult your doctor for ranges*

Date	Time	Level mg/dL	Insulin dose, type	Activity	Notes medication, foods eaten, exercise

Blood Sugar Log

Upper Level:________

Lower Level:________

Date	Time	Level	Notes