

Week of: \_\_\_\_\_ to \_\_\_\_\_

# Food and Blood Sugar Log

	Fasting Blood Sugar	Med/Insulin	Lunch Blood Sugar	Med/Insulin	Dinner Blood Sugar	Med/Insulin	Before Bed Blood Sugar	Med/Insulin	Comments: Diet, Exercise, Sickness, Stress, etc.
	Before/After		Before/After		Before/After		Before/After		
MON									
TUES									
WED									
THURS									
FRI									
SAT									
SUN									