## Diabetic Log Sheets

ADA BL	OOD GL	TARGETS	MY TAR			MY TAP	RGETS	MY DOCTOR		
Before b	oreakfast:		Before breakfast:					Name:		
Two hours after meals:					Two hours after meals:					Phone:
DAY	BREAF Before	After After	LUN Before	After After	DIN Before	NER After	NIGHT	OTHER	OTHER	COMMENTS (note exercise, illness, stress, special foods,
	Ветоге	After	Before	After	Ветоге	After				(note exercise, illness, stress, special foods, or other factors that may affect your numbers)
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