DIABETES BLOOD SUGAR LOG SHEET

Name: _____ D.O.B. _____ Phone #: _____

Blood sugar goals: _____ _____ Insulin Doses: _____ _____ _____ _____

Date	Breakfast		Lunch		Supper		Bedtime	
	Before	2 hours after	Before	2 hours after	Before	2 hours after	Before	2 hours after