

DAILY BLOOD GLUCOSE TESTING LOG SHEET

Brought to you by your diabetes educator and



Patient Name: _____

		Breakfast	Mid-Morning	Lunch	Mid-Afternoon	Dinner	Nighttime	Comments
MONDAY Date:	G*							
	I**							
TUESDAY Date:	G*							
	I**							
WEDNESDAY Date:	G*							
	I**							
THURSDAY Date:	G*							
	I**							
FRIDAY Date:	G*							
	I**							
SATURDAY Date:	G*							
	I**							
SUNDAY Date:	G*							
	I**							

Carb Ratios:

Sensitivity Factor:

Medication/Insulin Taken:

Insulin Admin Method:

* Glucose Results
 ** Amount Insulin/Meds Taken