

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:

* Glucose Results
** Amount Insulin/Meds Taken

Medication/Insulin Taken:

Insulin Admin Method: