

Blood Sugar Tracker

Patient Name: _____

My target blood sugar ranges: _____ mg/dL to _____ mg/dL

Week of: ___ / ___ / _____ to ___ / ___ / _____

Before meals: _____ mg/dL

2 hours after meals: _____ mg/dL

	Breakfast			Lunch			Dinner			Bedtime	
	Medication/ Dose	Blood Sugar Pre-Meal	Food/Carb Post-Meal	Medication/ Dose	Blood Sugar Pre-Meal	Food/Carb Post-Meal	Medication/ Dose	Blood Sugar Pre-Meal	Food/Carb Post-Meal	Medication/ Dose	Blood Sugar
M											
	Activity: _____										
Tu											
	Activity: _____										
W											
	Activity: _____										
Th											
	Activity: _____										
F											
	Activity: _____										
Sa											
	Activity: _____										
Su											
	Activity: _____										

Additional Notes: _____