

Log Sheet for Home Blood Glucose (Blood Sugar) Monitoring

Name _____ DOB _____

I = Usual times to check, if blood sugar is under control. Circle abnormal values.

Month	Fasting (before eating) 70-130 I	1-2 hrs after breakfast <180	Just before lunch 70-130 I	1-2 hrs after lunch <180	Just before dinner 70-130 I	1-2 hrs after dinner <180	Bed-time I	3 a.m.	Insulin a.m. dose?	Insulin p.m. dose?
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