

Diabetes Blood Sugar Log

My current A1C is: _____ My A1C goal is: _____ My target blood sugar: Before meals: _____ After meals: _____

My physical activity goal: _____

Sunday	Date	Breakfast		Lunch		Dinner		Bedtime		Snack		Comments (sick, stress, medication)	Physical Activity
		Time	BG*	Time	BG	Time	BG	Time	BG	Time	BG		
													<input type="checkbox"/> Yes <input type="checkbox"/> No
													<input type="checkbox"/> Yes <input type="checkbox"/> No
													<input type="checkbox"/> Yes <input type="checkbox"/> No
													<input type="checkbox"/> Yes <input type="checkbox"/> No
													<input type="checkbox"/> Yes <input type="checkbox"/> No
													<input type="checkbox"/> Yes <input type="checkbox"/> No
													<input type="checkbox"/> Yes <input type="checkbox"/> No

*BG = Blood Glucose

- I will call my doctor or health care professional if my blood sugar is below: _____ above: _____
- Phone number of my doctor or health care professional: _____