BLOOD SUGAR DIARY

| Patient Name: | DOB: |
|---------------------------------|--|
| Use this diary to record your b | plood sugar levels. Circle if taken before <u>or</u> 2 hours after |
| breakfa | ast, lunch, supper and at bedtime. |
| Goal for fasting | is <100 and 2 hours after eating is <140. |
| Fax to Cartersville Famil | ly Medicine at 770-386-0212 or bring to your next appointment. |
| Month: | Year: |

| Blood Sugar | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|---------------------------------------|--------|---------|-----------|----------|--------|----------|--------|
| Before or 2 hrs after breakfast | mg/dL | mg/dL | mg/dL | mg/dL | mg/dL | mg/dL | mg/dL |
| Before or 2 hrs after lunch | mg/dL | mg/dL | mg/dL | mg/dL | mg/dL | mg/dL | mg/dL |
| Before or 2 hrs after supper | mg/dL | mg/dL | mg/dL | mg/dL | mg/dL | mg/dL | mg/dL |
| Before bedtime | mg/dL | mg/dL | mg/dL | mg/dL | mg/dL | mg/dL | mg/dL |

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|---------------------------------------|--------|---------|-----------|----------|--------|----------|--------|
| Before or 2 hrs after breakfast | mg/dL | mg/dL | mg/dL | mg/dL | mg/dL | mg/dL | mg/dL |
| Before or 2 hrs after lunch | mg/dL | mg/dL | mg/dL | mg/dL | mg/dL | mg/dL | mg/dL |
| Before or 2 hrs after supper | mg/dL | mg/dL | mg/dL | mg/dL | mg/dL | mg/dL | mg/dL |
| Before bedtime | mg/dL | mg/dL | mg/dL | mg/dL | mg/dL | mg/dL | mg/dL |