This information is not intended as a substitute for professional healthcare. Always follow your healthcare provider's instructions.

Make extra copies of this chart before you use it the first time.

Comments:

| | Sat | Fri | Thurs | Wed | Tues | Mon | Sun | Day | | | |
|---|-----|-----|-------|-----|------|-----|-----|------------------|-----------------|-----------------------|-------------------|
| | | | | | | | | Time | Ве | | SE WO |
| | | | | | | | | Number | Before | Brea | |
| | | | | | | | | Time | 2 Ноц | Breakfast | |
| | | | | | | | | Number | 2 Hours After | | |
| | | | | | | | | Time | Ве | Lunch | |
| | | | | | | | | Number | Before | | |
| Miles Control of the | | | | | | | | Time | 2 Hours After | | |
| | | | | | | | | Number | | | 3000 |
| | | | | | | | | Time | Before | | BLOOD GLUCOSE LOG |
| | | | | | | | | Number | | | |
| | | | | | | | | Time | 2 Ho | | FOG |
| CONTRACTOR OF THE PARTY OF THE | | | 12.00 | | | | | Number | 2 Hours After | | |
| | | | | | | | | Time | At Bedtime | | |
| | 2 | | , | - | | × . | | Number | | Nighttime (if needed) | |
| | | | | | | 1 | | Time | Middle | if nee | |
| | | | | | | | | Number | Middle of Night | ded) | |
| | | | | | | | | What I was doing | | | |

Print out this log to record your daily blood glucose readings. Bring your recent logs to all doctor's appointments.

My Blood Glucose Log