



BLOOD GLUCOSE LOG

Week Of: _____ Target Glucose Range: _____

Breakfast		Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Blood Sugar (Glucose)	Carb							
	Before							
	After							

Breakfast Tip:

Breakfast provides energy for the morning. Eating a healthy breakfast can set the stage for eating smaller, healthier meals throughout the day.

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Lunch		Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Blood Sugar (Glucose)	Carb							
	Before							
	After							

Lunch Tip:

Learn to recognize healthy food portions. That way, you'll have a better picture of how much you're actually eating.

Dinner		Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Blood Sugar (Glucose)	Carb							
	Before							
	After							

Dinner Tip:

Include a green salad with your dinner every night. This may help you get full faster while eating less of the foods that may be higher in calories and fat.

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Please check with your health professional before starting any physical activity.

Physical Activity		Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Minutes								
Minutes								
Minutes								

Activity Tip:

A busy schedule doesn't have to get in the way of exercise. Keep exercise clothes at your workplace or in your car so you're ready anytime.

Medications		Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Rx _____								
Rx _____								
Rx _____								
Rx _____								
Rx _____								

Medication Tip:

Be sure to tell your health professional if you think your medication is causing side effects.



SELF-ASSESSMENT—DAY 1

Meal/Snack	Food eaten and quantity	Glucose	
		Before	After
Meal 1			
Meal 2			
Meal 3			

Physical Activity	What I did	How long?

Medications



MY BLOOD SUGAR SELF-MANAGEMENT PLAN

Name: _____ Testing period: _____

Target blood sugar levels (mg/dL): Premeal: _____

1–2 hours after a meal: _____ Bedtime: _____

I will check my blood sugar levels: _____ times per day

When to check: _____

Physical activity: minutes/week: _____

Diet: carbs: _____ fat: _____ calories: _____

I will call my health professional if my sugar levels are below _____ mg/dL

or above _____ mg/dL

Goals _____

What is my goal? _____

What one thing can I do? _____

What do I need help with? _____

Health professional: _____

Family: _____

Friends: _____

Notes: _____
