National Jewish Health
Breathing Science is Life.

BLOOD SUGAR TESTING LOG

Please bring this form to clinic, with your glucose meter.
Or call 303-398-1355
Or FAX 303-270-2130

Your Name ⇨

---Test your blood sugar at the times circled and write in the number

Day of Week	Before Breakfast	2 hours after breakfast	Before Lunch	2 hours after lunch	Before Supper	2 hours after supper	Bedtime
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							
TARGET VALUES	**90-130**	**100-180**	**90-130**	**100-180**	**90-130**	**100-180**	**100-140**

⇩

Name of pill, and (dose)_____ Time of Day You Take it_____

Name of pill, and (dose)_____ Time of Day You Take it_____

Name of pill, and (dose)_____ Time of Day You Take it_____

Name of insulin_____

_____units before breakfast _____units before lunch _____units before supper _____units at bedtime

Name of insulin_____

_____units before breakfast _____units before lunch _____units before supper _____units at bedtime