

**GLUCOSE LOG (FOUR TIMES PER DAY)**  
**DIABETES EDUCATION**



Participant name: \_\_\_\_\_ Date: \_\_\_\_\_

Please perform your blood sugar check at the times shown under the blank squares and write the results on the sheet.  
 Please check your blood sugar four (4) times per day.

Day	Before breakfast	2 hrs. after breakfast	Before lunch	2 hrs. after lunch	Before supper	2 hrs. after supper	Before bed	About 2:30 a.m.
Day 1								
Day 2								
Day 3								
Day 4								
Day 5								
Day 6								
Day 7								
Day 8								
Day 9								
Day 10								
Day 11								
Day 12								
Day 13								
Day 14								
Day 15								
Day 16								
Day 17								
Day 18								
Day 19								
Day 20								
Day 21								
Day 22								
Day 23								
Day 24								
Day 25								
Day 26								
Day 27								
Day 28								
Day 29								
Day 30								
Day 31								
<b>GOALS</b>	<b>80-120 before meals</b>			<b>&gt;70 &amp; &lt;180 after meals</b>			<b>100-150 before bed and at 3 a.m.</b>	