

BLOOD GLUCOSE TESTING LOG

Name: _____

| DATE: | | MORNING | LUNCH | DINNER | BEDTIME |
|--------------------|---------------|---------|-------|--------|---------|
| <u>MON.</u> | Result | | | | |
| | Insulin | | | | |
| | Pre/Post Meal | | | | |
| <u>TUE.</u> | Result | | | | |
| | Insulin | | | | |
| | Pre/Post Meal | | | | |
| <u>WED.</u> | Result | | | | |
| | Insulin | | | | |
| | Pre/Post Meal | | | | |
| <u>THR.</u> | Result | | | | |
| | Insulin | | | | |
| | Pre/Post Meal | | | | |
| <u>FRI.</u> | Result | | | | |
| | Insulin | | | | |
| | Pre/Post Meal | | | | |
| <u>SAT.</u> | Result | | | | |
| | Insulin | | | | |
| | Pre/Post Meal | | | | |
| <u>SUN.</u> | Result | | | | |
| | Insulin | | | | |
| | Pre/Post Meal | | | | |