**BLOOD SUGAR DIARY**

**Name:** ____________________________  **Week of:** ____________

**My Blood Sugar Goals:**  Waking Up: _________  Before Meals: _________  2 Hours After Meals: _________  Bedtime: _________

---

**Medication Breakfast Medication Lunch Medication Dinner Medication Bedtime**

<table>
<thead>
<tr>
<th>Day / Date</th>
<th>Medication</th>
<th>Breakfast Before</th>
<th>2 hr After</th>
<th>Medication</th>
<th>Lunch Before</th>
<th>2 hr After</th>
<th>Medication</th>
<th>Dinner Before</th>
<th>2 hr After</th>
<th>Medication</th>
<th>Bedtime</th>
</tr>
</thead>
<tbody>
<tr>
<td>MON 2 Yo</td>
<td>Metformin 1,000 mg</td>
<td>101 8am</td>
<td>160 10:10am</td>
<td>130 12:30</td>
<td>Metformin 1,000 mg</td>
<td>198 2:20pm</td>
<td>122 6pm</td>
<td>176 8pm</td>
<td>Lantus 20 units</td>
<td>135 10pm</td>
<td></td>
</tr>
<tr>
<td>Comments:</td>
<td>Walked 30 minutes today - faster than last week. Ate a big plate of pasta for lunch.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

*Bring the diary page to your next diabetes-care appointment.*

Provided as an educational service on www.learningaboutdiabetes.org. Design by Kou Chen.

This handout is not for use by organizations or healthcare professionals.

© 2014 Learning About Diabetes, Inc. All rights reserved. Rev 2018