DIABETES CARE CENTER

4-WEEK BLOOD GLUCOSE LOG

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Name: _____ **Date of birth:** _____ **Meter or CGM:** _____

Write each reading in mg/dL. Use Notes for insulin doses, low blood sugars, illness or exercise. Bring this log and your meter to your appointment.

Date	Breakfast		Lunch		Dinner		Bedtime	Notes
	Before	After	Before	After	Before	After		
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								

DIABETES CARE CENTER

4-Week Blood Glucose Log

Name: _____ **Date of birth:** _____ **Meter or CGM:** _____

Write each reading in mg/dL. Use Notes for insulin doses, low blood sugars, illness or exercise. Bring this log and your meter to your appointment.

Date	Breakfast		Lunch		Dinner		Bedtime	Notes
	Before	After	Before	After	Before	After		
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								