



Weekly Diabetes Blood Sugar Record

Clay-Platte Family Medicine Clinic, P.C.

Partnering for Excellence in Health Care (816) 842-4440 www.ClayPlatteFamily.com

Name _____ DOB _____ Date _____ Physician _____ Nurse _____

Record your blood sugars with your insulin and diabetes medication(s) doses and times taken each day. Bring this log to every office visit. Check blood sugar if you have symptoms of hypoglycemia or are ill. Check your blood sugar (goal):

- Before breakfast (70-130)
- 2hr after lunch (<180)
- At bedtime (100-140)
- Check all times everyday
- 2hr after breakfast (<180)
- Before dinner (70-130)
- At 3am (70-110)
- Check twice each week
- Before lunch (70-130)
- 2hr after dinner (<180)
- Log results and bring to next visit
- Check _____

Date:	Breakfast Time_____	Lunch Time_____	Dinner Time_____	Bedtime _____	Other _____	Notes
Blood Sugar						
Insulin Type/Dose						
Medication Name/Dose						
Medication Name/Dose						
Date:	Breakfast Time_____	Lunch Time_____	Dinner Time_____	Bedtime _____	Other _____	Notes
Blood Sugar						
Insulin Type/Dose						
Medication Name/Dose						
Medication Name/Dose						
Date:	Breakfast Time_____	Lunch Time_____	Dinner Time_____	Bedtime _____	Other _____	Notes
Blood Sugar						
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Medication Name/Dose						
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Blood Sugar						
Insulin Type/Dose						
Medication Name/Dose						
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