

BLOOD SUGAR TRACKER

MONTH: _____

YEAR: _____

TARGETS _____

FASTING: _____ PRE-MEAL: _____ POST-MEAL: _____

OVERNIGHT			BREAKFAST			LUNCH			DINNER			BEDTIME		NOTES
DATE	TIME	MG/DL	TIME	PRE / POST	TIME	PRE / POST	TIME	PRE / POST	TIME	MG/DL				