

Blood Sugar Tracker

WEEK OF: _____

TARGETS — FASTING: _____
 PRE-MEAL: _____
 POST-MEAL: _____

		START OF DAY	BREAKFAST PRE / POST	LUNCH PRE / POST	DINNER PRE / POST	BEDTIME
<i>Sun</i>	BLOOD SUGAR					
	TIME					

NOTES: _____

<i>Mon</i>	BLOOD SUGAR					
	TIME					

NOTES: _____

<i>Tues</i>	BLOOD SUGAR					
	TIME					

NOTES: _____

<i>Wed</i>	BLOOD SUGAR					
	TIME					

NOTES: _____

<i>Thurs</i>	BLOOD SUGAR					
	TIME					

NOTES: _____

<i>Fri</i>	BLOOD SUGAR					
	TIME					

NOTES: _____

<i>Sat</i>	BLOOD SUGAR					
	TIME					

NOTES: _____
