



# BLOOD GLUCOSE LOG

Week Of: \_\_\_\_\_ Target Glucose Range: \_\_\_\_\_

Breakfast		Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Blood Sugar (Glucose)	Carb							
	Before							
	After							

### Breakfast Tip:

Breakfast provides energy for the morning. Eating a healthy breakfast can set the stage for eating smaller, healthier meals throughout the day.

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Lunch		Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Blood Sugar (Glucose)	Carb							
	Before							
	After							

### Lunch Tip:

Learn to recognize healthy food portions. That way, you'll have a better picture of how much you're actually eating.

Dinner		Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Blood Sugar (Glucose)	Carb							
	Before							
	After							

### Dinner Tip:

Include a green salad with your dinner every night. This may help you get full faster while eating less of the foods that may be higher in calories and fat.

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Please check with your health professional before starting any physical activity.

Physical Activity		Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Minutes								
Minutes								
Minutes								

### Activity Tip:

A busy schedule doesn't have to get in the way of exercise. Keep exercise clothes at your workplace or in your car so you're ready anytime.

Medications		Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Rx _____								
Rx _____								
Rx _____								
Rx _____								
Rx _____								

### Medication Tip:

Be sure to tell your health professional if you think your medication is causing side effects.

Meal/Snack	Food eaten and quantity	Glucose	
		Before	After
Meal 1			
Meal 2			
Meal 3			

Physical Activity	What I did	How long?

Medications



# MY BLOOD SUGAR SELF-MANAGEMENT PLAN

Name: \_\_\_\_\_ Testing period: \_\_\_\_\_

Target blood sugar levels (mg/dL):      Premeal: \_\_\_\_\_

1–2 hours after a meal: \_\_\_\_\_ Bedtime: \_\_\_\_\_

I will check my blood sugar levels: \_\_\_\_\_ times per day

When to check: \_\_\_\_\_

Physical activity: minutes/week: \_\_\_\_\_

Diet:    carbs: \_\_\_\_\_    fat: \_\_\_\_\_    calories: \_\_\_\_\_

I will call my health professional if my sugar levels are below \_\_\_\_\_ mg/dL

or above \_\_\_\_\_ mg/dL

Goals \_\_\_\_\_

What is my goal? \_\_\_\_\_

What one thing can I do? \_\_\_\_\_

What do I need help with? \_\_\_\_\_

Health professional: \_\_\_\_\_

Family: \_\_\_\_\_

Friends: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_