

# Weekly Blood Sugar Logbook

Your Name: \_\_\_\_\_

Date		Before Breakfast	Before Lunch	Before Dinner	Bedtime
<b>Mon</b>	Blood sugar:				
	Insulin:				
<b>Tue</b>	Blood sugar:				
	Insulin:				
<b>Wed</b>	Blood sugar:				
	Insulin:				
<b>Thur</b>	Blood sugar:				
	Insulin:				
<b>Fri</b>	Blood sugar:				
	Insulin:				
<b>Sat</b>	Blood sugar:				
	Insulin:				
<b>Sun</b>	Blood sugar:				
	Insulin:				

Your Target Glucose Level: 4-6

Your Long Acting Insulin: \_\_\_\_\_

Your Short Acting Insulin: \_\_\_\_\_

### Doctor's Recommendations:

If you are checking glucose 4 times daily: check before each meal and before bedtime

If you are checking glucose 2 times daily: check before breakfast everyday, before lunch on day 1, before supper on day 2, before bed on day 3, and follow that pattern.

Email your sugar log on evening before your next appointment to: [info@acehealthcare.ca](mailto:info@acehealthcare.ca)