



Weekly Diabetes Blood Sugar Record

Barry Pointe Family Care

Partnering for Excellence in Health Care

(816) 994-8787

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