



# Weekly Diabetes Blood Sugar Record

Summit Family and Sports Medicine

(816) 285-5053

[www.summitfamilyandsportsmedicine.com](http://www.summitfamilyandsportsmedicine.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):

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Before breakfast (70-130) | <input type="checkbox"/> 2hr after breakfast (<180) | <input type="checkbox"/> Before lunch (70-130)               |
| <input type="checkbox"/> 2hr after lunch (<180)    | <input type="checkbox"/> Before dinner (70-130)     | <input type="checkbox"/> 2hr after dinner (<180)             |
| <input type="checkbox"/> At bedtime (100-140)      | <input type="checkbox"/> At 3am (70-110)            | <input type="checkbox"/> Log results and bring to next visit |
| <input type="checkbox"/> Check all times everyday  | <input type="checkbox"/> Check twice each week      | <input type="checkbox"/> 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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