

Name:

Glucose Record

G# _____

Day/Date	Fasting Glucose	Breakfast/drinks	___ hr After Breakfast	Lunch/Snacks/ Drinks	___ hr after Lunch	Dinner/Snacks/ Drinks	___ hr After Dinner	Snacks/Drinks

Blood Sugar Goals: Fasting 95 or lower 1 hr after start of a meal: 140 or lower 2 hrs after start of a meal 120 or lower