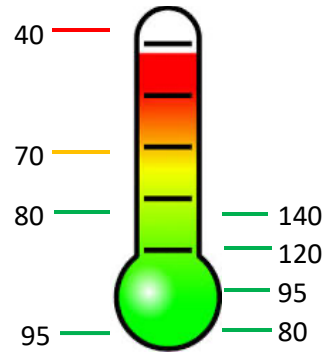


Name:

Medications/Doses:

Carbohydrate Goal @ Meals:

Carbohydrate Goal @ Snacks:



Red: Consider calling your Physician
Yellow: Take Action
Green: Target area for blood sugar

<70 = Low Blood Sugar
Pre-Meal: Less than 95 mg/dL
1 hour post-meal: less than 140 mg/dL
2 hours post-meal: less than 120 mg/dL

Key:
BG: blood glucose or blood sugar
FBG: fasting blood glucose
Carbs: Carbohydrates

	Breakfast	Lunch	Dinner	Snacks	Exercise	Reason for High/Low
Sunday				AM ____ grams PM	<u>Type:</u> <u>Duration:</u>	
FBG:						
Carbs:	____ grams	____ grams	____ grams	____ grams		
BG:	Pre: Post:	Pre: Post:	Pre: Post:		Pre: Post:	
Monday				AM ____ grams PM	<u>Type:</u> <u>Duration:</u>	
FBG:						
Carbs:	____ grams	____ grams	____ grams	____ grams		
BG:	Pre: Post:	Pre: Post:	Pre: Post:		Pre: Post:	
Tuesday				AM ____ grams PM	<u>Type:</u> <u>Duration:</u>	
FBG:						
Carbs:	____ grams	____ grams	____ grams	____ grams		
BG:	Pre: Post:	Pre: Post:	Pre: Post:		Pre: Post:	

	Breakfast	Lunch	Dinner	Snacks	Exercise	Reason for High/Low
Wednesday				AM ____ grams PM ____ grams	<u>Type:</u> <u>Duration:</u>	
FBG:						
Carbs:	____ grams	____ grams	____ grams			
BG:	Pre: Post:	Pre: Post:	Pre: Post:		Pre: Post:	
Thursday				AM ____ grams PM ____ grams	<u>Type:</u> <u>Duration:</u>	
FBG:						
Carbs:	____ grams	____ grams	____ grams			
BG:	Pre: Post:	Pre: Post:	Pre: Post:		Pre: Post:	
Friday				AM ____ grams PM ____ grams	<u>Type:</u> <u>Duration:</u>	
FBG:						
Carbs:	____ grams	____ grams	____ grams			
BG:	Pre: Post:	Pre: Post:	Pre: Post:		Pre: Post:	
Saturday				AM ____ grams PM ____ grams	<u>Type:</u> <u>Duration:</u>	
FBG:						
Carbs:	____ grams	____ grams	____ grams			
BG:	Pre: Post:	Pre: Post:	Pre: Post:		Pre: Post:	