

Weekly Blood Glucose Monitoring Chart



Your Name: _____

Physician's Name: _____

Monitoring Frequency: _____

Oral Medications/Insulin Types: _____

| Target Blood Sugar Levels | | |
|---------------------------|----------------|---------------------|
| | Plasma Values* | Whole Blood Values* |
| Before meals | 90-130 | 80-120 |
| 1-2 hrs. after meals | Below 180 | Below 170 |

* Most new glucose monitors show plasma values, but yours may show whole blood values; be sure to check your monitor's instructions.

| DATE | AFTER BREAKFAST | AFTER LUNCH | AFTER DINNER | FASTING/OTHER | INSULIN/OTHER MEDICATION | NOTES (what you ate, skipped meals, exercise, etc) |
|------|-----------------|-------------|--------------|---------------|--------------------------|---|
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