Blood Glucose Measurement Results

Name: _____

Diabetes medicines: _____

_____

_____ Month: _____

Date	Breakfast		Lunch		Dinner		Bed	Comments
	Before	After	Before	After	Before	After		
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
31								
# in range								