

Log Sheet

Patient Name: _____ Phone: _____

Target Goals:

Before Breakfast: 70-130
 2 hrs. after meals: 140-180
 Before meals: under 110

Diabetic Medication (Dose & Time): _____

Date	Breakfast			Lunch			Dinner			Comments
	Time	Before Meal*	2 hrs After Meal**	Time	Before Meal*	2 hrs After Meal**	Time	Before Meal*	2 hrs After Meal**	

* Before meals – test within 30 minutes before eating
 **After meals – test 2 hours from the first bite of food