### BLOOD GLUCOSE TRACKER

**Date:**
- Sunday: ___/___/___
- Monday: ___/___/___
- Tuesday: ___/___/___
- Wednesday: ___/___/___
- Thursday: ___/___/___
- Friday: ___/___/___
- Saturday: ___/___/___

**Breakfast**
- Blood Glucose
  - Before
  - After
- # Grams of Carbs
- Meal Insulin
- Correction Insulin
- Meal Choices

**Lunch**
- Blood Glucose
  - Before
  - After
- # Grams of Carbs
- Meal Insulin
- Correction Insulin
- Meal Choices

**Dinner**
- Blood Glucose
  - Before
  - After
- # Grams of Carbs
- Meal Insulin
- Correction Insulin
- Meal Choices

**Bedtime**
- Blood Glucose
- Insulin
- Snack Choice

**Instructions:** Enter date and record blood glucose levels as instructed. Please record amount of insulin taken for each meal. If a correction dose of insulin was taken please also record this information in the provided column. Please also indicate the number of carbohydrates for each meal and what you ate for breakfast, lunch, dinner and snack. Please fax completed log to (484) 234-5001.