

Your Blood Sugar Log

Name: _____

The goal range for your blood sugar level is:
_____ mmol/L **before** meals
_____ mmol/L two hours **after** meals

Test _____ times per _____ or as advised by your doctor or diabetes educator.

Date	Before Breakfast	2 hours after Breakfast	Before Lunch	2 hours after Lunch	Before Supper	2 hours after Supper	Before Evening Snack	Notes

Compare your meter to a laboratory blood glucose test at least once a year.

This material is for information purposes only. It should not be used in place of medical advice, instruction and/or treatment.

If you have questions, speak with your doctor or appropriate healthcare provider.

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