

Daily Diabetes Record*

My Target Blood Glucose Numbers

Before meal target _____ to _____

1 to 2 hours after the start of a meal target _____ or below

My A1C target _____

When to check my blood glucose _____

Call my health care team if my blood glucose is higher than _____

	Breakfast blood glucose	Medicines	Lunch blood glucose	Medicines	Dinner blood glucose	Medicines	Bedtime blood glucose	Medicines	Other blood glucose check	Notes: (Special events, sick days, physical activity)
Monday										
Tuesday										
Wednesday										
Thursday										
Friday										
Saturday										
Sunday										

*Keep this copy clean. Make photocopies and write on those.