Low Carb Diabetes Association

www.lowcarbdiabetes.org

GLUCOSE GRAPH

Patient Name: _____

Guidelines: Record blood sugars at HIGH-LIGHTED times. **After a meal means 1.5 hours after eating.** Record times, too. Also record Time and Length of Exercise and what one did.

Record Time and glucose	Fasting	After Break-fast	Before Lunch	After Lunch	Before Supper	After Supper	Bedtime	Middle of the Night	Before Exercise	During Exercise	After Exercise
DAY 1											
DAY 2											
DAY 3											
DAY 4											
DAY 5											
DAY 6											
DAY 7											