Intensive Blood Glucose Monitoring Form

Name: _____

DAY 1 Date: _____

Blood Sugars:						
Before Breakfast	2 hrs after Breakfast	Before Lunch	2 hours after Lunch	Before Dinner	2 hours after Dinner	Bedtime

Breakfast Food & Bev. Examples: oatmeal, cooked	Amt:	Carb Grams:	Lunch Food & Bev:	Amt:	Catb Grams:	Dinner Food & Bev.	Amt:	Carb Grams

Snack Food & Bev.	Amt:	Carb Grams	Snack Food & Bev	Amt:	Carb Grams:	Snack Food & Bev	Amt:	Carb Grams

DAY 2 Date: _____

Blood Sugars:						
Before Breakfast	2 hrs after Breakfast	Before Lunch	2 hours after Lunch	Before Dinner	2 hours after Dinner	Bedtime

Breakfast Food & Bev. Examples: oatmeal, cooked	Amt:	Carb Grams:	Lunch Food & Bev:	Amt:	Catb Grams:	Dinner Food & Bev.	Amt:	Carb Grams

Snack Food & Bev.	Amt:	Carb Grams	Snack Food & Bev	Amt:	Carb Grams:	Snack Food & Bev	Amt:	Carb Grams

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Snack Food & Bev.	Amt:	Carb Grams	Snack Food & Bev	Amt:	Carb Grams:	Snack Food & Bev	Amt:	Carb Grams

DAY 2 Date: _____

Blood Sugars:						
Before Breakfast	2 hrs after Breakfast	Before Lunch	2 hours after Lunch	Before Dinner	2 hours after Dinner	Bedtime

Breakfast Food & Bev. Examples: oatmeal, cooked	Amt:	Carb Grams:	Lunch Food & Bev:	Amt:	Catb Grams:	Dinner Food & Bev.	Amt:	Carb Grams

Snack Food & Bev.	Amt:	Carb Grams	Snack Food & Bev	Amt:	Carb Grams:	Snack Food & Bev	Amt:	Carb Grams