

# SCHWARZBEIN

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## I N S T I T U T E

### BLOOD SUGAR DIARY

NAME \_\_\_\_\_ DATE \_\_\_\_\_ MR# \_\_\_\_\_

#### Blood Sugar Reading:

Before  
Breakfast

After  
Breakfast

Before  
Lunch

After  
Lunch

Before  
Dinner

After  
Dinner

Bed  
Time

Other

Time: \_\_\_\_\_

#### Insulin Dosage (if applicable):







Time: \_\_\_\_\_

Morning Food	CHO	Afternoon Food	CHO	Evening Food	CHO
Time _____	CHO Total _____	Time _____	CHO Total _____	Time _____	CHO Total _____

Snacks	CHO	Snacks	CHO	Snacks	CHO
Time _____	CHO Total _____	Time _____	CHO Total _____	Time _____	CHO Total _____

Exercise and Other Activities (please note time of day): \_\_\_\_\_

Other Comments: \_\_\_\_\_

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Optional graph you may use to monitor your blood sugar throughout the day

