

Patients name: _____

Week Of: _____

Diabetes Weekly Log

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Ketones:							
Fasting BS:							
Breakfast:							
BS 2 hours after:							
Snack:							
Lunch:							
BS 2 hours after:							
Snack:							
Dinner:							
BS 2 hours after:							
Snack:							