FamilyMedicalDoctors

2-Week Blood Sugar Log

Fourteen-day landscape pattern tracker

PATIENT TRACKER | VERSION B2 - LANDSCAPE

Name _____ Start date _____ My target range _____ After-meal timing _____

TWO FULL WEEKS - USE ONLY THE COLUMNS IN YOUR PLAN

Write the glucose value in the correct time slot. Use the notes column for medicine, meals, exercise, illness, or symptoms.

DAY / DATE	FASTING	BEFORE LUNCH	AFTER LUNCH	BEFORE DINNER	AFTER DINNER	BEDTIME	MEDICINE, FOOD, ACTIVITY, ILLNESS OR SYMPTOMS
DAY 1 ____ / ____							
DAY 2 ____ / ____							
DAY 3 ____ / ____							
DAY 4 ____ / ____							
DAY 5 ____ / ____							
DAY 6 ____ / ____							
DAY 7 ____ / ____							
DAY 8 ____ / ____							
DAY 9 ____ / ____							
DAY 10 ____ / ____							
DAY 11 ____ / ____							
DAY 12 ____ / ____							
DAY 13 ____ / ____							
DAY 14 ____ / ____							

Write what changed on unusual days, and bring this sheet plus your meter or CGM report to your visit.