

Name: _____

Blood Sugar Patterns

(Review & adjust weekly)

Date	Wake-Up (pre-bkfst)	Pre-Lunch	Afternoon	Pre-Dinner	Bedtime (pre-snack)
# High:					
# OK:					
# Low:					

Changes*: _____

** If 3 or more highs, or 2 or more lows, change I:C ratio at the previous meal or snack!*