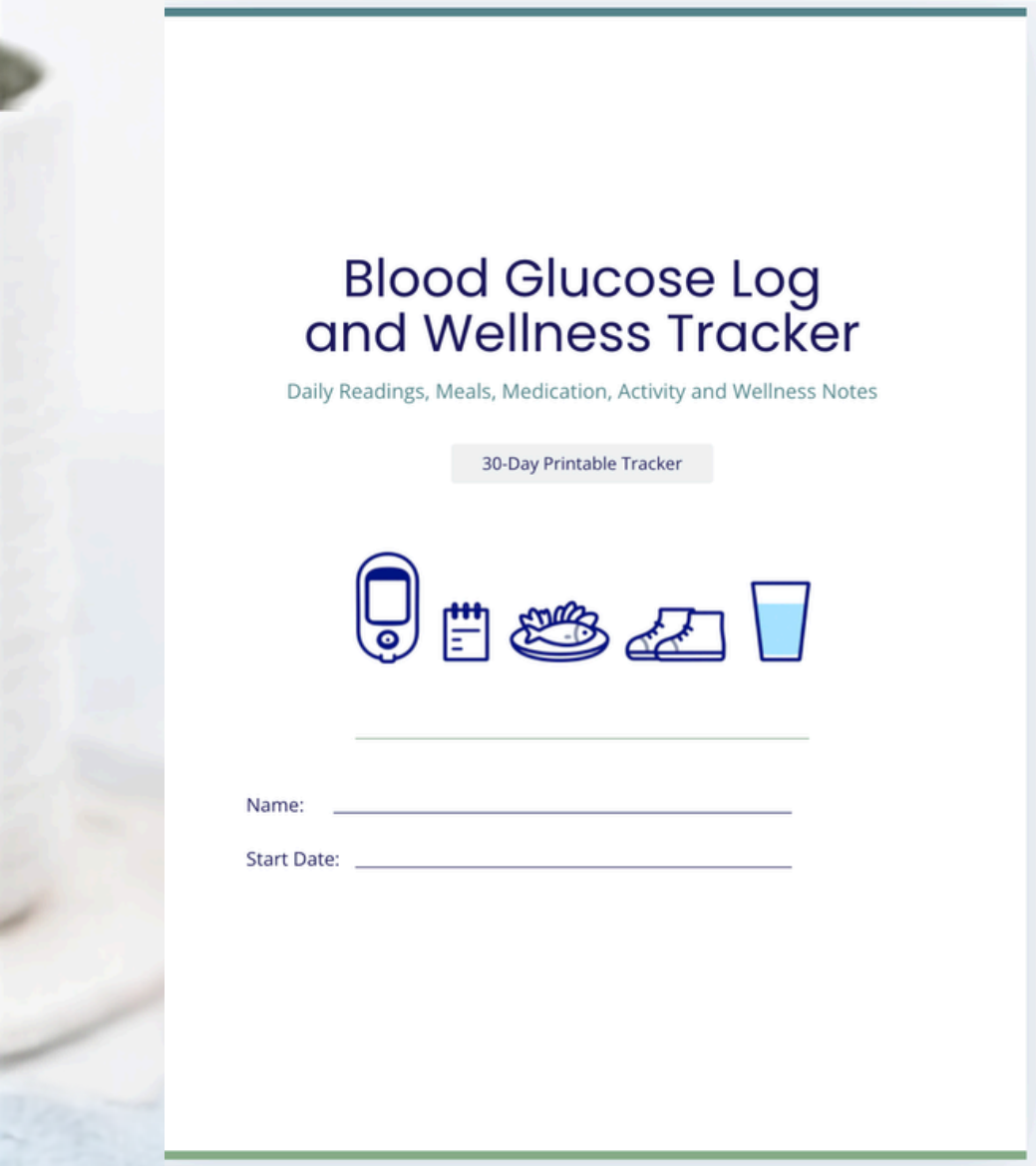

Blood Glucose Log & Wellness Tracker

50 Printable Pages

- Daily Blood Glucose Log
- Meal Tracker
- Medication Log
- Weekly Reviews
- Monthly Progress
- Sleep Tracker
- Hydration Tracker
- Activity Tracker

Instant Digital Download

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Designed for Better Health

Private & Personal

Print at Home or Any Shop

Small Steps, Big Changes

Everything Included

Your complete **blood glucose & wellness** tracking system.

Daily Blood Glucose and Meal Log

Time	Reading	Unit	Fasting	Before Meal	1 Hr After Meal	2 Hrs After Meal	Bedtime	

Check the timing column that applies to each reading.

Meals and Wellness

Breakfast

Meal Start Time: _____

Foods/Drinks: _____

Portion: _____ Carbohydrate (g): _____ Hunger (1-5): _

Glucose before: _____ Post-meal glucose: _____ Unit: _____

Notes: _____

Lunch

Meal Start Time: _____

Foods/Drinks: _____

Portion: _____ Carbohydrate (g): _____ Hunger (1-5): _

Glucose before: _____ Post-meal glucose: _____ Unit: _____

Notes: _____

Dinner

Meal Start Time: _____

Foods/Drinks: _____

Portion: _____ Carbohydrate (g): _____ Hunger (1-5): _

Glucose before: _____ Post-meal glucose: _____ Unit: _____

Notes: _____

Snack (optional)

Meal Start Time: _____

Foods/Drinks: _____

Portion: _____ Carbohydrate (g): _____ Hunger (1-5): _

Glucose before: _____ Post-meal glucose: _____ Unit: _____

Notes: _____

Daily Wellness Summary

Activity: _____

Duration: _____ Intensity: Light / Moderate / Vigorous

Sleep: _____ hrs Quality (1-5): ___ Stress (1-5): ___ Water/fluids: ___ □ mL

Medication/insulin taken as prescribed: □ Yes □ No □ Not applicable

Notes: _____

Week 1 Pattern Review

Date Range: _____

Average Fasting Reading:

Average Before-Meal Reading:

Average After-Meal Reading:

Measurement unit: mg/dL or mmol/L:

Number of readings included:

Lowest Reading:

Low-reading events:

Highest Reading:

High-reading events:

Meals Associated with Unusual Readings:

Activity Patterns:

Sleep Patterns:

Stress Patterns:

Medication-Related Observations:

Illness or unusual circumstances:

Symptoms:

Questions for My Healthcare Professional:

One Goal for Next Week:

Patterns are observations, not a diagnosis.

Monthly Progress Review

Month: _____ Date Range: _____

What patterns did I notice?

Which meals worked well for me?

Which situations were associated with unusual readings?

How did physical activity affect my readings?

How did sleep and stress relate to my readings?

What questions should I ask my healthcare professional?

What habit would I like to continue?

What would I like to adjust with professional guidance?

My Personal Quick Reference

My Low-Reading Threshold:

What I Should Do for a Low Reading:

When I Should Recheck:

My High-Reading Threshold:

What I Should Do for a High Reading:

When I Should Contact My Healthcare Professional:

When I Should Seek Urgent Medical Care:

Important Medication Instructions:

Additional Notes:

Complete this page with guidance from your healthcare prof

Do not rely on this page during an emergency unless it has b
professional. Follow your prescribed emergency plan and cor
urgent assistance is needed.

My Monitoring Plan

Name:

Start Date:

Reason for Monitoring:

Glucose Meter or Device:

Measurement Unit (mg/dL or mmol/L):

Testing Schedule Recommended by My Healthca

My target ranges, as provided by my healthc

My Fasting Target Range: ____

My Before-Meal Target Range: ____

My After-Meal Target Range: ____

My Bedtime Target Range: ____

My Low-Glucose Action Plan:

Important Medical Notes:

Hydration Tracker

Date	Beverage	Amount	Time

Daily fluid total: _____ □ mL □ oz □ cups

Physical Activity Log

Date	Activity	Start	Duration	In

Intensity: L = Light, M = Moderate, V = Vigorous

Appointment Preparation

Appointment Date:

Healthcare Professional:

Main Concerns:

Changes in Readings:

Low-Reading Events:

High-Reading Events:

Symptoms:

Medication Questions:

Nutrition Questions:

Activity Questions:

Supplies or Prescriptions Needed:

Notes from Appointment:

Next Appointment:

Track Your Day with Ease

Blood Glucose

Log readings throughout the day.

Meals

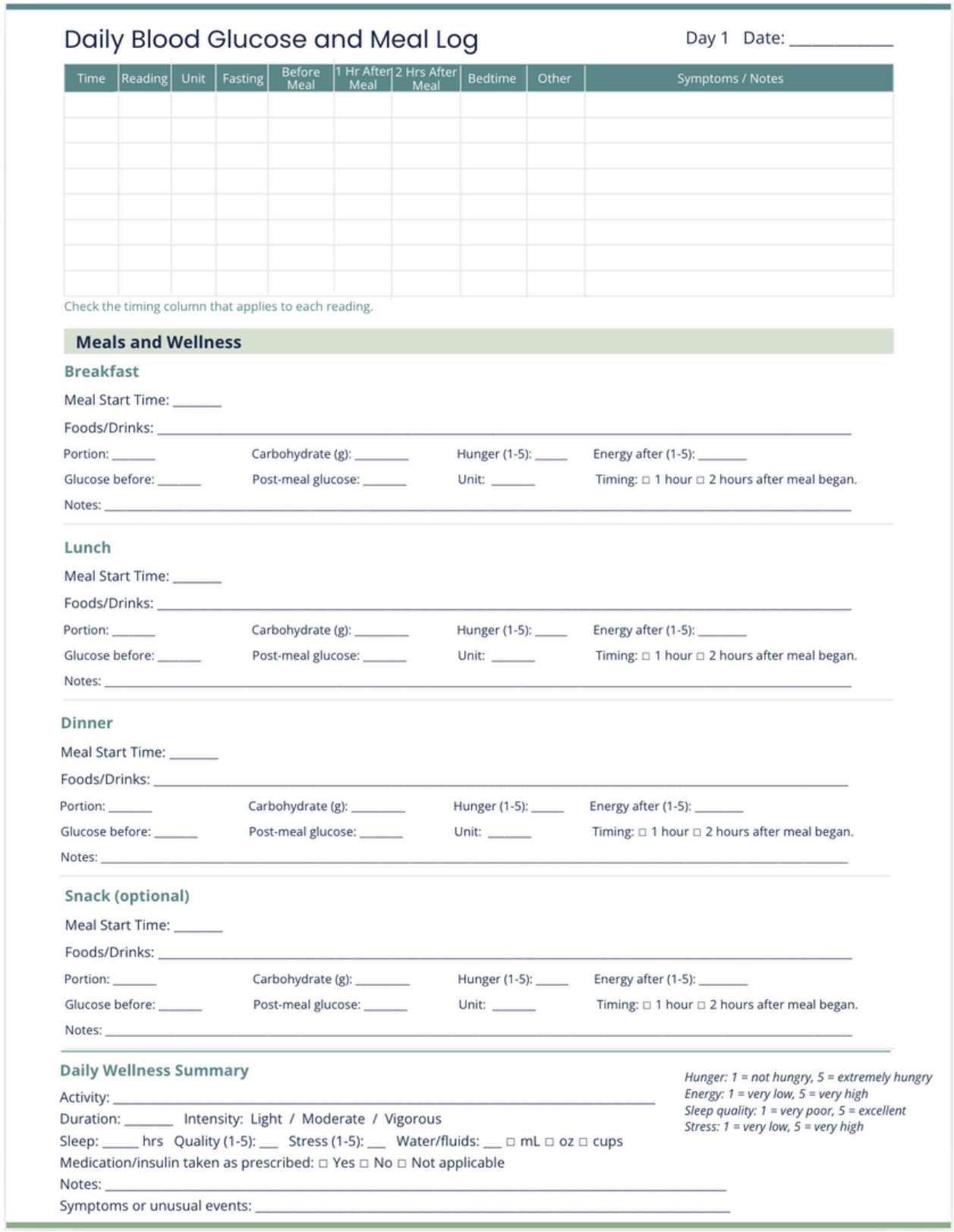
Record your meals with ease.

Carbohydrates

Track grams to stay informed.

Water Intake

Stay hydrated and track your intake.



Daily Blood Glucose and Meal Log

Day 1 Date: _____

Time	Reading	Unit	Fasting	Before Meal	1 Hr After Meal	2 Hrs After Meal	Bedtime	Other	Symptoms / Notes

Check the timing column that applies to each reading.

Meals and Wellness

Breakfast

Meal Start Time: _____

Foods/Drinks: _____

Portion: _____ Carbohydrate (g): _____ Hunger (1-5): ____ Energy after (1-5): _____

Glucose before: _____ Post-meal glucose: _____ Unit: _____ Timing: □ 1 hour □ 2 hours after meal began.

Notes: _____

Lunch

Meal Start Time: _____

Foods/Drinks: _____

Portion: _____ Carbohydrate (g): _____ Hunger (1-5): ____ Energy after (1-5): _____

Glucose before: _____ Post-meal glucose: _____ Unit: _____ Timing: □ 1 hour □ 2 hours after meal began.

Notes: _____

Dinner

Meal Start Time: _____

Foods/Drinks: _____

Portion: _____ Carbohydrate (g): _____ Hunger (1-5): ____ Energy after (1-5): _____

Glucose before: _____ Post-meal glucose: _____ Unit: _____ Timing: □ 1 hour □ 2 hours after meal began.

Notes: _____

Snack (optional)

Meal Start Time: _____

Foods/Drinks: _____

Portion: _____ Carbohydrate (g): _____ Hunger (1-5): ____ Energy after (1-5): _____

Glucose before: _____ Post-meal glucose: _____ Unit: _____ Timing: □ 1 hour □ 2 hours after meal began.

Notes: _____

Daily Wellness Summary

Activity: _____

Duration: _____ Intensity: Light / Moderate / Vigorous

Sleep: _____ hrs Quality (1-5): ___ Stress (1-5): ___ Water/fluids: ___ □ mL □ oz □ cups

Medication/insulin taken as prescribed: □ Yes □ No □ Not applicable

Notes: _____

Symptoms or unusual events: _____

Hunger: 1 = not hungry, 5 = extremely hungry
Energy: 1 = very low, 5 = very high
Sleep quality: 1 = very poor, 5 = excellent
Stress: 1 = very low, 5 = very high

Medication

Keep track of your medication schedule.

Sleep

Log sleep hours and quality.

Exercise

Track activity type and duration.

Notes

Add notes or anything important.

Stress

Monitor your stress levels daily.

Everything organized in one place.

Identify Your Health Patterns

Weekly Review

Week 1 Pattern Review

Date Range: _____

Average Fasting Reading:

Average Before-Meal Reading:

Average After-Meal Reading:

Measurement unit: mg/dL or mmol/L:

Number of readings included:

Lowest Reading:

Low-reading events:

Highest Reading:

High-reading events:

Meals Associated with Unusual Readings:

Activity Patterns:

Sleep Patterns:

Stress Patterns:

Medication-Related Observations:

Illness or unusual circumstances:

Symptoms:

Questions for My Healthcare Professional:

One Goal for Next Week:

Patterns are observations, not a diagnosis.

Monthly Review

Monthly Progress Review

Month: _____ Date Range: _____

What patterns did I notice?

Which meals worked well for me?

Which situations were associated with unusual readings?

How did physical activity affect my readings?

How did sleep and stress relate to my readings?

What questions should I ask my healthcare professional?

What habit would I like to continue?

What would I like to adjust with professional guidance?

Patterns

Spot trends in your daily habits.

Goals

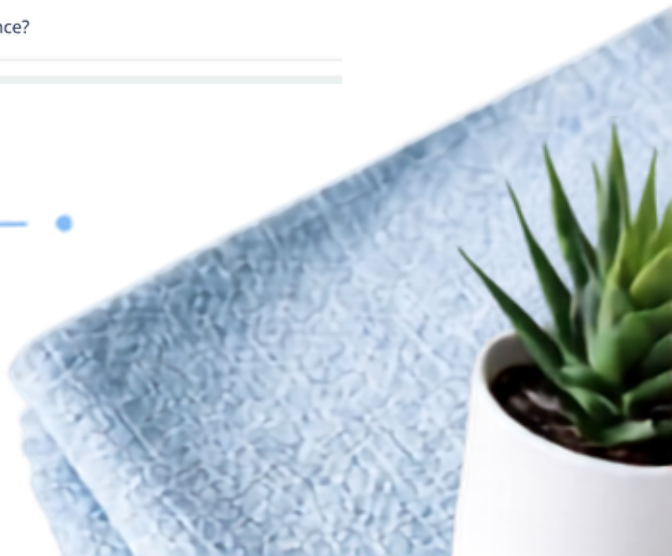
Set intentions and stay focused.

Progress

Track your improvements over time.

Notes

Capture insights that matter most.



More Than Just Blood Glucose

Sleep and Stress Log

Date	Bedtime	Wake Time	Total Sleep (hrs)	Quality	Stress	Major Stressors	Fasting Glucose	Energy	U

Sleep quality: 1 = very poor,
Stress: 1 = very low, 5 = very
Energy: 1 = very low, 5 = ver

Physical Activity Log

Date	Activity	Start	Duration	Intensity	Meal Timing	Glucose Before Activity	Glucose After Activity

Intensity: L = Light, M = Mo

Hydration Tracker

Date	Beverage	Amount	Time	Activity / Heat Exposure	Notes

Stay Ready for Every Appointment

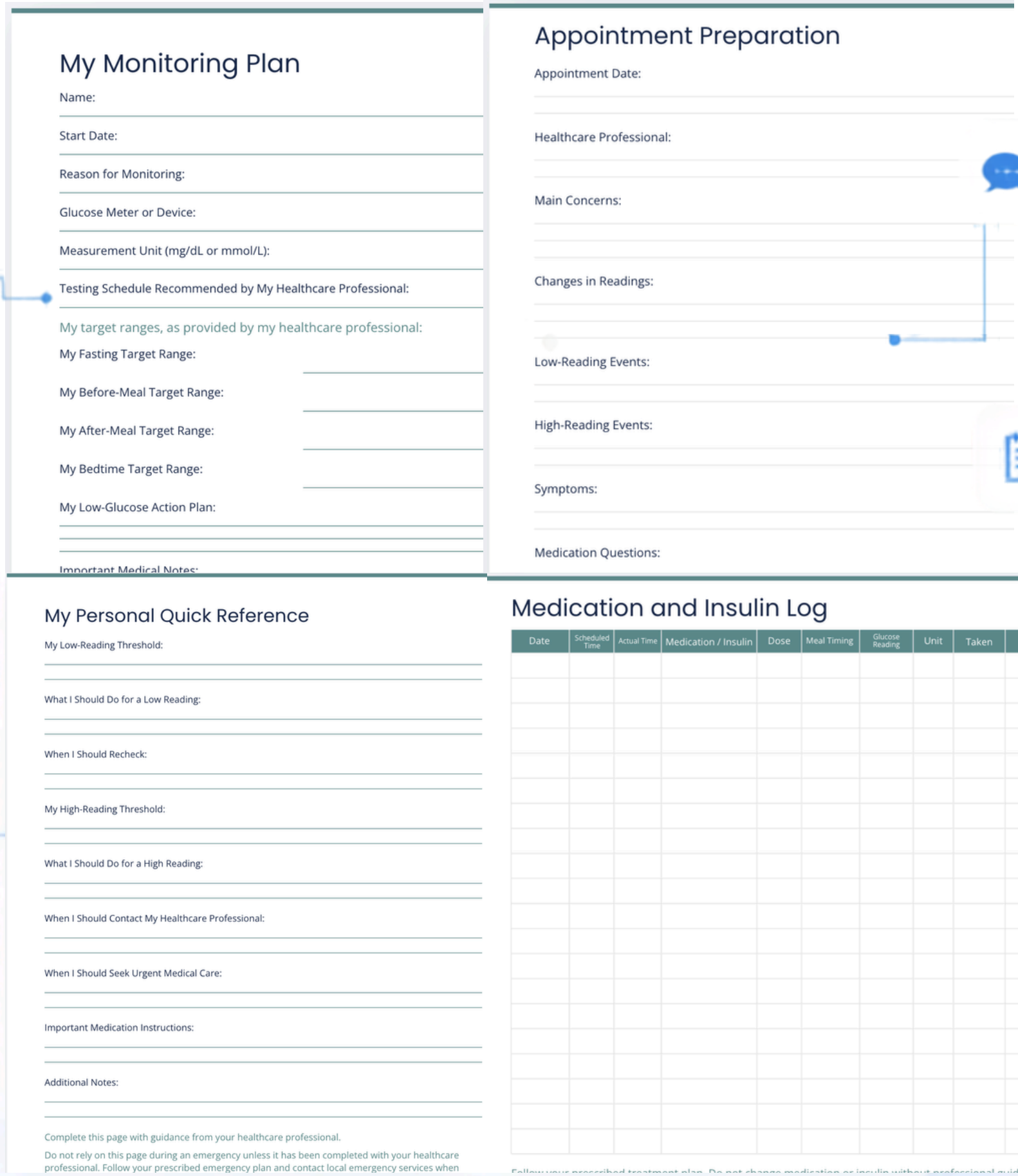
Monitoring Goals

Questions

Notes

Medical Team

Medication List



My Monitoring Plan

Name:

Start Date:

Reason for Monitoring:

Glucose Meter or Device:

Measurement Unit (mg/dL or mmol/L):

Testing Schedule Recommended by My Healthcare Professional:

My target ranges, as provided by my healthcare professional:

My Fasting Target Range:

My Before-Meal Target Range:

My After-Meal Target Range:

My Bedtime Target Range:

My Low-Glucose Action Plan:

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Appointment Date:

Healthcare Professional:

Main Concerns:

Changes in Readings:

Low-Reading Events:

High-Reading Events:

Symptoms:

Medication Questions:

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My Low-Reading Threshold:

What I Should Do for a Low Reading:

When I Should Recheck:

My High-Reading Threshold:

What I Should Do for a High Reading:

When I Should Contact My Healthcare Professional:

When I Should Seek Urgent Medical Care:

Important Medication Instructions:

Additional Notes:

Complete this page with guidance from your healthcare professional.

Do not rely on this page during an emergency unless it has been completed with your healthcare professional. Follow your prescribed emergency plan and contact local emergency services when

Medication and Insulin Log

Date	Scheduled Time	Actual Time	Medication / Insulin	Dose	Meal Timing	Glucose Reading	Unit	Taken	

Follow your prescribed treatment plan. Do not change medication or insulin without professional guida

Bring organized information to your appointments.

Perfect For

Prediabetes

Type 1 Diabetes

Type 2 Diabetes

General Blood Glucose Monitoring

Designed for **personal organization** and **wellness tracking**.

Why You'll Love This Planner

Stay Organized

Track Daily Habits

Monitor Progress

Prepare for Appointments

Easy to Print

Simple Layout

DESIGNED FOR A **HEALTHIER**, MORE **ORGANIZED** YOU

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- Works with PDF Annotation Apps
- Instant Access After Purchase

No Physical Item Will Be Shipped

Blood Glucose Log & Wellness Tracker

DAY: May 14, 2024

DAY: Tuesday

BLOOD GLUCOSE READINGS

TIME	READING (MG/L)	NOTES
7:15 AM	102	Fasted
9:45 AM	126	After breakfast
12:30 PM	110	Before lunch
2:15 PM	138	After lunch
6:30 PM	108	Before dinner
8:45 PM	122	After dinner

MEALS

Breakfast: Oatmeal, berries, almonds, green tea

Lunch: Grilled chicken, quinoa salad

Dinner: Salmon, roasted veggies, brown rice

Snacks: Greek yogurt, walnuts

WELLNESS CHECK-IN

Water Intake	
Sleep Quality	
Energy Level	
Stress Level	
Mood	

NOTES

30 min walk in the morning

Felt good and energized!