



Comprehensive Care
 Rheumatology • Naturopathy
 Acupuncture • Yoga Therapy

GlucoGraph Instructions

1. Measure blood sugars at time periods indicated. Record the time of the reading.
2. Record readings ~1 hour after each meal.
3. Also record any exercise during the day or any important symptoms.

Name: _____

Start Date: _____

| | Wake Up | Breakfast | Lunch | Dinner | Night | Exercise (duration, intensity) / General 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 | | | | | | |