

Name: _____



		Breakfast		Snack	Lunch		Snack	Dinner	
DATE	Food & Drink (include portion sizes)								
	Blood Glucose	Before:	2 Hours After:		Before:	2 hours After:		Before:	2 hours After:
DATE	Food & Drink (include portion sizes)								
	Blood Glucose	Before:	2 Hours After:		Before:	2 hours After:		Before:	2 hours After:
DATE	Food & Drink (include portion sizes)								
	Blood Glucose	Before:	2 Hours After:		Before:	2 hours After:		Before:	2 hours After:

Blood glucose goals:

Before Meals = 80-130

2 hours after meals = <180

Bedtime = Talk to your HCP