



Please record all foods, drinks and amounts at each meal. Attempt to check your blood sugar before and 2 hrs after meals. Bring this diary to nutrition class or individual appointment with dietitian.

Meal	Day 1/Date: _____	Day 2/Date: _____	Day 3/Date: _____
BREAKFAST Time: _____	 Premeal BS: _____ 2 hr after BS: _____	 Premeal BS: _____ 2 hr after BS: _____	 Premeal BS: _____ 2 hr after BS: _____
SNACK			
LUNCH Time: _____	 Premeal BS: _____ 2 hr after BS: _____	 Premeal BS: _____ 2 hr after BS: _____	 Premeal BS: _____ 2 hr after BS: _____
SNACK			
DINNER Time: _____	 Premeal BS: _____ 2 hr after BS: _____	 Premeal BS: _____ 2 hr after BS: _____	 Premeal BS: _____ 2 hr after BS: _____
SNACK			

NAME: _____