

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.

| Day 1/Date: | Day 3/Date: | Day 3/Day 3/Day 3/Day 3

D. 4	This this diary to nutrition	ir class of individual appointment wi	th 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	v		
LUNCH Time:			
	Premeal BS: 2 hr after BS:	Premeal BS: 2 hr after BS:	Premeal BS: 2 hr after BS:
SNACK			
DINNER Time:			
		₹°-	
			p.
	Premeal BS: 2 hr after BS:	Premeal BS: 2 hr after BS:	Premeal BS: 2 hr after BS:
SNACK			

NAME:	
MAIVIL.	