

Name _____ Age _____ DOB _____

	DAY ONE DATE _____	DAY TWO DATE _____	DAY THREE DATE _____
FASTING MORNING BLOOD SUGAR			
BREAKFAST (include drinks)			
BLOOD SUGAR 2 HRS AFTER BREAKFAST			
SNACK (include drinks)			
LUNCH (include drinks)			
BLOOD SUGAR 2 HRS AFTER LUNCH			
SNACK (include drinks)			
DINNER (include drinks)			
BLOOD SUGAR 2 HRS AFTER DINNER			
SNACK (include drinks)			