

Name:

Day:

Date:

Remember to include everything you eat and drink

Meal State approx. time	Blood sugar result	Amount and Type of food & drink	Carb content	Insulin dose given	Blood sugar 2 hours after
On waking Time:					
Breakfast Time:					
Morning snack Time:					
Lunch Time:					
Afternoon snack Time:					
Evening meal Time:					
Bedtime snack Time:					

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