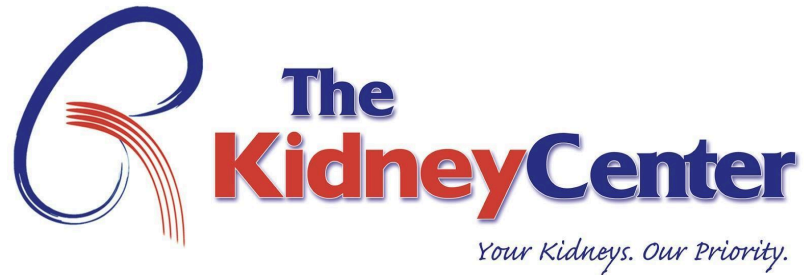


Name \_\_\_\_\_



### Blood Glucose and Food Log

		Breakfast		Snack	Lunch		Snack	Dinner		Snack
Date:	Food & Drinks  (Include serving sizes)	Time:		Time:	Time:		Time:	Time:		Time:
		Total Carbs: ____g		Carbs: ____g	Total Carbs: ____g		Carbs: ____g	Total Carbs: ____g		Carbs: ____g
	Blood Glucose	Before:	2 hours after:		Before:	2 hours after:		Before:	2 hours after:	

Blood Glucose Goals: Fasting \_\_\_\_\_

2 Hours After Meals \_\_\_\_\_

Name \_\_\_\_\_

Blood Glucose Goals:

Fasting \_\_\_\_\_

2 Hours After Meals \_\_\_\_\_