

DAILY GLUCOSE & MEAL LOG

Date: Weight:

TIME/MEAL	FOOD & CARB COUNT	PRE-MEAL (MG/DL)	POST-MEAL (2HR)	ACTIVITY / MEDS
Waking / Fasting	-		-	
Breakfast				
Lunch				
Dinner				
Bedtime			-	
Other/Snack				

DAILY OBSERVATIONS (SLEEP, STRESS, SYMPTOMS)