

Monday

Blood Sugar Readings

Before
Breakfast:

After
Breakfast:

Before
Dinner:

Bedtime:

Meals & Snacks

Breakfast:

Lunch:

Dinner:

Snacks:

Medications

Morning
meds

Afternoon
meds

Evening
meds

Bedtime
meds

Exercise

Walking Swimming Strength/
Stretching

Other:

Notes (How did you feel? Any symptoms?)

Example: Felt tired after lunch, had a headache in evening

Tuesday

Blood Sugar Readings

Before
Breakfast:

After
Breakfast:

Before
Dinner:

Bedtime:

Meals & Snacks

Breakfast:

Lunch:

Dinner:

Snacks:

Medications

Morning
meds

Afternoon
meds

Evening
meds

Bedtime
meds

Exercise

Walking Swimming Strength/
Stretching

Other:

Notes (How did you feel? Any symptoms?)

Example: Felt tired after lunch, had a headache in evening

Wednesday

Blood Sugar Readings

Before
Breakfast:

After
Breakfast:

Before
Dinner:

Bedtime:

Meals & Snacks

Breakfast:

Lunch:

Dinner:

Snacks:

Medications

Morning
meds

Afternoon
meds

Evening
meds

Bedtime
meds

Exercise

Walking Swimming Strength/
Stretching

Other:

Notes (How did you feel? Any symptoms?)

Example: Felt tired after lunch, had a headache in evening

Thursday

Blood Sugar Readings

Before
Breakfast:

After
Breakfast:

Before
Dinner:

Bedtime:

Meals & Snacks

Breakfast:

Lunch:

Dinner:

Snacks:

Medications

Morning
meds

Afternoon
meds

Evening
meds

Bedtime
meds

Exercise

Walking Swimming Strength/
Stretching

Other:

Notes (How did you feel? Any symptoms?)

Example: Felt tired after lunch, had a headache in evening

Friday

Blood Sugar Readings

Before
Breakfast:

After
Breakfast:

Before
Dinner:

Bedtime:

Meals & Snacks

Breakfast:

Lunch:

Dinner:

Snacks:

Medications

Morning
meds

Afternoon
meds

Evening
meds

Bedtime
meds

Exercise

Walking Swimming Strength/
Stretching

Other:

Notes (How did you feel? Any symptoms?)

Example: Felt tired after lunch, had a headache in evening

Saturday

Blood Sugar Readings

Before
Breakfast:

After
Breakfast:

Before
Dinner:

Bedtime:

Meals & Snacks

Breakfast:

Lunch:

Dinner:

Snacks:

Medications

Morning
meds

Afternoon
meds

Evening
meds

Bedtime
meds

Exercise

Walking Swimming Strength/
Stretching

Other:

Notes (How did you feel? Any symptoms?)

Example: Felt tired after lunch, had a headache in evening

Sunday

Blood Sugar Readings

Before
Breakfast:

After
Breakfast:

Before
Dinner:

Bedtime:

Meals & Snacks

Breakfast:

Lunch:

Dinner:

Snacks:

Medications

Morning
meds

Afternoon
meds

Evening
meds

Bedtime
meds

Exercise

Walking Swimming Strength/
Stretching

Other:

Notes (How did you feel? Any symptoms?)

Example: Felt tired after lunch, had a headache in evening