

# 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
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## Exercise

Walking	Swimming	Strength/ Stretching	Other:
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**Notes (How did you feel? Any symptoms?)**

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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

WalkingSwimmingStrength/  
Stretching

Other:

**Notes (How did you feel? Any symptoms?)**

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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

WalkingSwimmingStrength/  
Stretching

Other:

**Notes (How did you feel? Any symptoms?)**

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

## Thursday

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### Blood Sugar Readings

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Before  
Breakfast:

After  
Breakfast:

Before  
Dinner:

Bedtime:

### Meals & Snacks

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Breakfast:

Lunch:

Dinner:

Snacks:

### Medications

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Morning  
meds

Afternoon  
meds

Evening  
meds

Bedtime  
meds

### Exercise

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WalkingSwimmingStrength/  
Stretching

Other:

**Notes (How did you feel? Any symptoms?)**

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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

WalkingSwimmingStrength/  
Stretching

Other:

**Notes (How did you feel? Any symptoms?)**

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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

WalkingSwimmingStrength/  
Stretching

Other:

**Notes (How did you feel? Any symptoms?)**

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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

WalkingSwimmingStrength/  
Stretching

Other:

**Notes (How did you feel? Any symptoms?)**

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