

	BS	Breakfast	BS	Lunch	BS	Supper/Dinner	BS	Snacks
Sunday		Time: _____		Time: _____		Time: _____		Time: _____
Monday		Time: _____		Time: _____		Time: _____		Time: _____
Tuesday		Time: _____		Time: _____		Time: _____		Time: _____
Wednesday		Time: _____		Time: _____		Time: _____		Time: _____
Thursday		Time: _____		Time: _____		Time: _____		Time: _____
Friday		Time: _____		Time: _____		Time: _____		Time: _____
Saturday		Time: _____		Time: _____		Time: _____		Time: _____

IMPORTANT: BE SURE TO INCLUDE THE TIME OF THE MEALS AS WELL AS THE TIME THE BLOOD SUGAR WAS TAKEN