



ay Food Record

Meal	Day 1 Date:	Day 2 Date:	Day 3 Date:
Breakfast (First Meal) Time: Blood Sugar:			
Snack Time: Blood Sugar:			
Lunch (Second Meal) Time: Blood Sugar:			
Snack Time: Blood Sugar:			
Supper (Third Meal) Time: Blood Sugar:			
Snack Time: Blood Sugar:			
Bedtime Blood Sugar:			
Other Activity, stress, etc.			

Name: _____ Date: _____