**Blood Glucose and Food Log**

|  |  |
| --- | --- |
| Patient Name: Date of Birth:  | Patient Goals: |
| **Date** | **Fasting** | **2 Hours After Breakfast** | **Food/Activity Notes** | **Before Lunch** | **2 Hours After Lunch** | **Food/Activity Notes** | **Before Dinner** | **2 Hours After Dinneror Before Bed** | **Food/Activity Notes** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Blood Glucose and Food Log**

|  |  |
| --- | --- |
| Patient Name: Date of Birth:  | Patient Goals: |
| **Date** | **Fasting** | **2 Hours After Breakfast** | **Food/Activity Notes** | **Before Lunch** | **2 Hours After Lunch** | **Food/Activity Notes** | **Before Dinner** | **2 Hours After Dinner/Before Bed** | **Food/Activity Notes** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |