|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Meal** | **Time** | **Blood Glucose**  **Before** | **Insulin Dose** | **Food and Amount/Grams of Carbs** |
| Breakfast |  |  |  |  |
| Snack |  |  |  |  |
| Lunch |  |  |  |  |
| Snack |  |  |  |  |
| Dinner |  |  |  |  |
| Snack |  |  |  |  |
| Bedtime |  |  |  |  |

**Comments** (such as physical activity or hypoglycemia treatment):