

Name :

Date :

Please check your blood glucose levels before and 2 hours after the meal meals, as indicated by 'x'

BGL before meal	MEAL : Write down everything you eat and drink including the approximate amounts	BGL 2 hours After meal	Any physical activity / other notes
x	Breakfast :	x	
	Morning Tea :		
x	Lunch :	x	
	Afternoon tea :		
x	Evening Meal :	x	
	Supper :	Pre Bed: x	
Extra Snacks & Drinks consumed over the days Eg : Fruit juice, nuts, chocolates, chips			

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