

Record Sheet for: Name _____ Blood Sugar Goals _____ before eating _____ 1 hour after meals

Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Date:						
Blood Sugar:						
Breakfast						
Blood Sugar:						
Snack						
Lunch						
Blood Sugar:						
Snack						
Dinner						
Blood Sugar:						
Snack						
Exercise						
Kick Counts Done <input type="checkbox"/>						