

BLOOD SUGAR LOG

NAME: _____

DOB: _____

Week of: _____ / _____ / _____

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Breakfast							
Lunch							
Dinner							
Bedtime							

Week of: _____ / _____ / _____

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Breakfast							
Lunch							
Dinner							
Bedtime							

Week of: _____ / _____ / _____

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Breakfast							
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