

My Daily Diary

Name _____

Date _____

My goal for today _____

Meals & Snacks	What I ate and drank	How much I ate and drank ^a	Blood sugar ^b	Medications ^c	Comments ^d
Meal 1					
Snack 1					
Meal 2					
Snack 2					
Meal 3					
Snack 3					

a How much: Use measures like cups, ounces, or size such as 3" by 4".

b Blood sugar: Record your blood sugar test results.

c Medications: List any medications you may have taken.

d Comments: Make a note of cooking methods, dining out, or how you were feeling such as stressed, angry, happy or excited.

Medicare Part B patients: Call 1-877-231-5199 and mention reference code **ED06500** to order your diabetes testing supplies.
Web site: www.RxSolutions.com/diabetes

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