

Date:	Breakfast		Snack		Lunch		Snack		Evening Meal		Snack	
	Time: BG:	Carbs	Time:	Carbs	Time: BG:	Carbs	Time:	Carbs	Time: BG:	Carbs	Time: BG:	Carbs
		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Comments/ Activities												
Date:	Time: BG:	Carbs	Time:	Carbs	Time: BG:	Carbs	Time:	Carbs	Time: BG:	Carbs	Time: BG:	Carbs
		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Comments/ Activities												
Date:	Time: BG:	Carbs	Time:	Carbs	Time: BG:	Carbs	Time:	Carbs	Time: BG:	Carbs	Time: BG:	Carbs
		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Comments/ Activities												