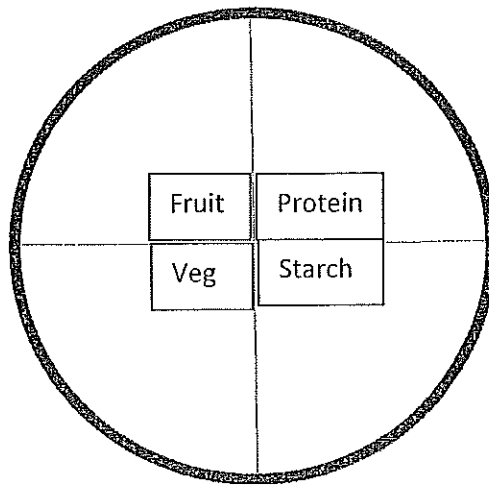


Snack:

Protein:

Other:



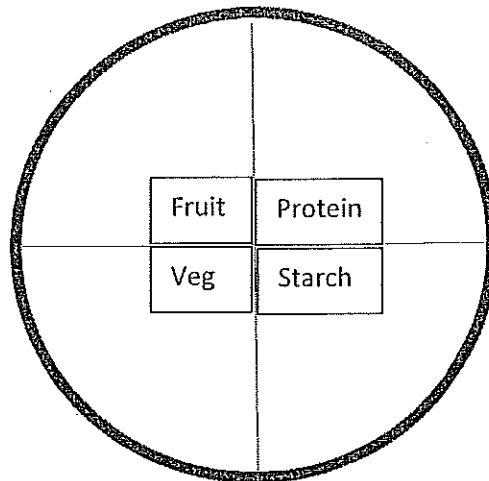
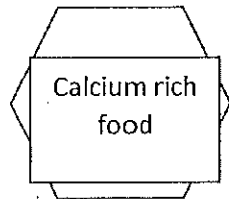
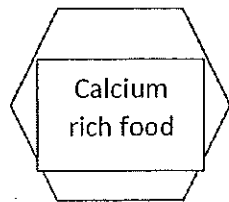
Weight:

Hours Slept:

*Protein every meal/snack

*At least 3 food groups per meal

*At least 2 food groups per snack

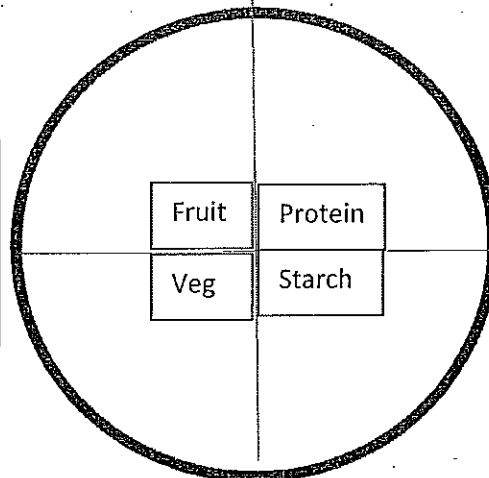


Snack:

Protein:

Other:

EXERCISE:



Blood Glucose Readings:

