

Food Diary

Date: _____

	Food/drink and amount	Carbs (g)
Time:	Breakfast	
Blood Sugar:		
Insulin Dose:		
2 hr Blood Sugar:		
		Total
Time:	Snack	
Blood Sugar:		
Insulin Dose:		
		Total
Time:	Lunch	
Blood Sugar:		
Insulin Dose:		
2 hr Blood Sugar:		
		Total
Time:	Snack	
Blood Sugar:		
Insulin Dose:		
		Total
Time:	Supper	
Blood Sugar:		
Insulin Dose:		
2 hr Blood Sugar:		
		Total
Time:	Snack	
Blood Sugar:		
Insulin Dose:		
		Total

Midnight Blood Sugar:
3:00 am Blood Sugar:

Notes – exercise, stress, illness, other: _____
