

FOOD DIARY

Name : _____

Day : _____

Date : _____

	Blood Glucose	Food and how it was Prepared	Amount (How/much)	Time	Place	Thoughts and Feelings
BREAKFAST						
SNACK						
LUNCH						
SNACK						
DINNER						
SNACK						

Example:

Toast
margarine
skim milk

2 slices
1 tsp
1/2 cup

8:00AM

HOME

Not hungry
Rushed and confused