

# Food Diary

Date: \_\_\_\_\_

	FOOD / DRINK AND AMOUNT	CARBS (g)
<b>Time:</b>	<b>Breakfast</b>	
Blood Sugar:		
Insulin Dose:		
2 hr blood sugar:		
		Total:
<b>Time:</b>	<b>Snack</b>	
Blood Sugar:		
Insulin Dose:		
		Total:
<b>Time:</b>	<b>Lunch</b>	
Blood Sugar:		
Insulin Dose:		
2 hr blood sugar:		
		Total:
<b>Time:</b>	<b>Snack</b>	
Blood Sugar:		
Insulin Dose:		
		Total:
<b>Time:</b>	<b>Supper</b>	
Blood Sugar:		
Insulin Dose:		
2 hr blood sugar:		
		Total:
<b>Time:</b>	<b>Snack</b>	
Blood Sugar:		
Insulin Dose:		
		Total:
Midnight Blood Sugar:		
3:00 am Blood Sugar:		

**Notes** - exercise, stress, illness, other:

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