

Food Log

Brought to you by your diabetes educator and



Patient Name: _____

Carb Ratios: _____

Week starting: _____

Medication(s): _____

BREAKFAST Time:	Glucose Level	Food	Carbs
Before Meal	_____		
After Meal	_____		
Medication(s): _____			

SNACK (as needed) Time:	Glucose Level	Food	Carbs
Before Meal	_____		
After Meal	_____		
Medication(s): _____			

LUNCH Time:	Glucose Level	Food	Carbs
Before Meal	_____		
After Meal	_____		
Medication(s): _____			

SNACK (as needed) Time:	Glucose Level	Food	Carbs
Before Meal	_____		
After Meal	_____		
Medication(s): _____			

DINNER Time:	Glucose Level	Food	Carbs
Before Meal	_____		
After Meal	_____		
Medication(s): _____			

SNACK (as needed) Time:	Glucose Level	Food	Carbs
Before Meal	_____		
After Meal	_____		
Medication(s): _____			

COMMENTS: