

My Food Diary

Name: _____

Please record everything that you eat or drink. Record the item and its portion size and the grams of carbohydrate. There is also room for you to record your blood sugar (BG) number and diabetes medicine or insulin dose. If you exercise, please record the event and the amount of time you exercised.

Example: 1 cup rice = 45 g
 salad with oil and vinegar
 3 oz chicken breast, no skin
 1/2 cup broccoli = 5 g
 1 small apple = 15 g

Date:

BG: _____ Breakfast: _____ Insulin/Medicine: _____	BG: _____ Snack: _____ Insulin/Medicine: _____
BG: _____ Lunch: _____ Insulin/Medicine: _____	BG: _____ Snack: _____ Insulin/Medicine: _____
BG: _____ Dinner: _____ Insulin/Medicine: _____	BG: _____ Snack: _____ Insulin/Medicine: _____
Exercise: _____	

Date:

BG: Breakfast:	Insulin/Medicine:	BG: Snack:	Insulin/Medicine:
BG: Lunch:	Insulin/Medicine:	BG: Snack:	Insulin/Medicine:
BG: Dinner:	Insulin/Medicine:	BG: Snack:	Insulin/Medicine:
Exercise:			

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Date:

BG: Breakfast:	Insulin/Medicine:	BG: Snack:	Insulin/Medicine:
BG: Lunch:	Insulin/Medicine:	BG: Snack:	Insulin/Medicine:
BG: Dinner:	Insulin/Medicine:	BG: Snack:	Insulin/Medicine:
Exercise:			

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