# Food Log

*Brought to you by your diabetes educator and*

dLife℠

Patient Name: _____

Week starting: _____

| Carb Ratios: |
| --- |
| 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: |
| --- |
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