DAILY DIABETIC NUTRITION & CALORIE LOG

Date: _____ Daily Calorie Target: _____ Carb Limit: _____

MEAL / TIME	FOOD & BEVERAGE ITEMS	CALORIES	CARBS (G)	GI INDEX	BLOOD SUGAR
Breakfast **Time: ___**					Pre: Post:
Snack **Time: ___**					-
Lunch **Time: ___**					Pre: Post:
Snack **Time: ___**					-
Dinner **Time: ___**					Pre: Post:
Other/Night **Time: ___**					-
	DAILY TOTALS:			**-**	**-**

Daily Notes (Activity, Medication, Symptoms):

*Consult with your healthcare provider to set specific caloric and glycemic targets.