The Johns Hopkins Diabetes Center

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FOOD DIARY

NAME: _____ DAY: _____ DATE: _____

	Blood glucose	Food and how it was Prepared	Amount (how much)	Time	Place	Thoughts and Feelings
Breakfast						
Snack						
Lunch						
Snack						
Dinner						
Snack						
Example:		**toast** **margarine** **skim milk**	**2 slices** **1 tsp** **½ cup**	**8:00 AM**	**home**	**not hungry** **rushed and confused**