



NUTRITION AND DIABETES EDUCATION CENTER



DIABETES WEEKLY FOOD RECORD

NAME _____

MEAL TIMES	SUNDAY Date: _____	MONDAY Date: _____	TUESDAY Date: _____	WEDNESDAY Date: _____	THURSDAY Date: _____	FRIDAY Date: _____	SATURDAY Date: _____
BREAKFAST Time:	Fasting _____	Fasting _____	Fasting _____	Fasting _____	Fasting _____	Fasting _____	Fasting _____
	2 hours after ____	2 hours after ____	2 hours after ____	2 hours after ____	2 hours after ____	2 hours after ____	2 hours after ____
SNACK							
LUNCH Time:	Fasting _____	Fasting _____	Fasting _____	Fasting _____	Fasting _____	Fasting _____	Fasting _____
	2 hours after ____	2 hours after ____	2 hours after ____	2 hours after ____	2 hours after ____	2 hours after ____	2 hours after ____
SNACK							
DINNER Time:	Fasting _____	Fasting _____	Fasting _____	Fasting _____	Fasting _____	Fasting _____	Fasting _____
	2 hours after ____ OR bedtime _____	2 hours after ____ OR bedtime _____	2 hours after ____ OR bedtime _____	2 hours after ____ OR bedtime _____	2 hours after ____ OR bedtime _____	2 hours after ____ OR bedtime _____	2 hours after ____ OR bedtime _____
SNACK							
Exercise: Yes or No (what type and how long)							