Living Well with Diabetes
Food, Exercise & Blood Sugar Record

Name ___________________________________________  Medical Record number ______________________

**General blood sugar targets:** Fasting: 80 - 130; 2 hours after meals: Less than 180 or specific target set by you and your health care team.

Please fill out the food diary even if you don’t check your blood sugars.

<table>
<thead>
<tr>
<th>Day\Date</th>
<th>Before Breakfast Blood Sugar</th>
<th>Breakfast Snack:</th>
<th>Lunch</th>
<th>Dinner Snack:</th>
<th>Exercise/Comments</th>
</tr>
</thead>
</table>
| 1 Date:  | ☐  | ☐ 2 hours after blood sugar | ☐ 2 hours after blood sugar | ☐ 2 hours after blood sugar | Activity
Number of minutes
Comments: |
| 2 Date:  | ☐  | ☐ 2 hours after blood sugar | ☐ 2 hours after blood sugar | ☐ 2 hours after blood sugar | Activity
Number of minutes
Comments: |
| 3 Date:  | ☐  | ☐ 2 hours after blood sugar | ☐ 2 hours after blood sugar | ☐ 2 hours after blood sugar | Activity
Number of minutes
Comments: |
| 4 Date:  | ☐  | ☐ 2 hours after blood sugar | ☐ 2 hours after blood sugar | ☐ 2 hours after blood sugar | Activity
Number of minutes
Comments: |
| 5 Date:  | ☐  | ☐ 2 hours after blood sugar | ☐ 2 hours after blood sugar | ☐ 2 hours after blood sugar | Activity
Number of minutes
Comments: |
| 6 Date:  | ☐  | ☐ 2 hours after blood sugar | ☐ 2 hours after blood sugar | ☐ 2 hours after blood sugar | Activity
Number of minutes
Comments: |
| 7 Date:  | ☐  | ☐ 2 hours after blood sugar | ☐ 2 hours after blood sugar | ☐ 2 hours after blood sugar | Activity
Number of minutes
Comments: |