

OBGYN Group of Eastern Connecticut, P.C.
Food and Blood Glucose Diary

Name: _____ DOB: ____/____/____

Blood Glucose Goals: FBS <95 ; 2 Hrs. after meals <120

| BLOOD GLUCOSE | | | | | FOOD DIARY | | | | ACTIVITY & NOTES | |
|---------------|--------|-----|--------------|---|------------|-----------|-------|--------|------------------|--|
| DATE | | FBS | 2 Hrs. after | | | BREAKFAST | LUNCH | DINNER | SNACK | |
| | | | B | L | D | | | | | |
| | Time | | | | | | | | | |
| | Result | | | | | | | | | |
| | Med | | | | | | | | | |
| | Time | | | | | | | | | |
| | Result | | | | | | | | | |
| | Med | | | | | | | | | |
| | Time | | | | | | | | | |
| | Result | | | | | | | | | |
| | Med | | | | | | | | | |
| | Time | | | | | | | | | |
| | Result | | | | | | | | | |
| | Med | | | | | | | | | |
| | Time | | | | | | | | | |
| | Result | | | | | | | | | |
| | Med | | | | | | | | | |
| | Time | | | | | | | | | |
| | Result | | | | | | | | | |
| | Med | | | | | | | | | |