Diabetes Nutrition & Blood Sugar Tracker

Use this free 7-day tracker to record meals, carbohydrate amounts, blood sugar readings, and how you feel. Bring your log to appointments if your healthcare team asks you to track these details.

How to use it

Write down what you eat and drink, the approximate carbohydrate amount if you have been instructed to track carbohydrates, and your blood sugar readings at the times recommended by your healthcare team. Your personal glucose and nutrition goals may be different from someone else's.

Day 1 Date: _____

Meal / Time	Food & Drink	Carbs (g)	Blood Sugar	Notes / Symptoms
Breakfast				
Lunch				
Dinner				
Snack / Other				

Water: _____ cups | Activity: _____ | Medication/insulin taken as prescribed: Yes / No / N/A

Day 2 Date: _____

Meal / Time	Food & Drink	Carbs (g)	Blood Sugar	Notes / Symptoms
Breakfast				
Lunch				
Dinner				
Snack / Other				

Water: _____ cups | Activity: _____ | Medication/insulin taken as prescribed: Yes / No / N/A

Day 3 Date: _____

Meal / Time	Food & Drink	Carbs (g)	Blood Sugar	Notes / Symptoms
Breakfast				
Lunch				
Dinner				
Snack / Other				

Water: _____ cups | Activity: _____ | Medication/insulin taken as prescribed: Yes / No / N/A

Day 4 Date: _____

Meal / Time	Food & Drink	Carbs (g)	Blood Sugar	Notes / Symptoms
Breakfast				
Lunch				
Dinner				
Snack / Other				

Water: _____ cups | Activity: _____ | Medication/insulin taken as prescribed: Yes / No / N/A

Day 5 Date: _____

Meal / Time	Food & Drink	Carbs (g)	Blood Sugar	Notes / Symptoms
Breakfast				
Lunch				
Dinner				
Snack / Other				

Water: _____ cups | Activity: _____ | Medication/insulin taken as prescribed: Yes / No / N/A

Day 6 Date: _____

Meal / Time	Food & Drink	Carbs (g)	Blood Sugar	Notes / Symptoms
Breakfast				
Lunch				
Dinner				
Snack / Other				

Water: _____ cups | Activity: _____ | Medication/insulin taken as prescribed: Yes / No / N/A

Day 7 Date: _____

Meal / Time	Food & Drink	Carbs (g)	Blood Sugar	Notes / Symptoms
Breakfast				
Lunch				
Dinner				
Snack / Other				

Water: _____ cups | Activity: _____ | Medication/insulin taken as prescribed: Yes / No / N/A

My Personal Goals

Blood sugar goal before meals: _____ mg/dL After meals: _____ mg/dL
Carbohydrate goal (if prescribed): _____
Healthcare team instructions: _____

Important: Follow the blood sugar, carbohydrate, medication, and meal recommendations provided by your healthcare team. Seek urgent medical care for severe symptoms or a medical emergency.

Sources: American Diabetes Association - Diabetes Plate Method and blood glucose monitoring; Centers for Disease Control and Prevention - Diabetes and Healthy Eating; National Institute of Diabetes and Digestive and Kidney Diseases - Diabetes Diet, Eating & Physical Activity.