

**Stanford Hospital & Clinics  
Daily Food Record**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

<b>Blood Glucose</b>	<b>Food</b>	<b>Amount</b>	<b>Total Carbohydrate</b>	<b>Calories</b>
	<b>Breakfast</b>			
	<b>Breakfast Total:</b>			
	<b>Morning Snack</b>			
	<b>Morning Snack Total:</b>			
	<b>Lunch</b>			
	<b>Lunch Total:</b>			
	<b>Afternoon Snack</b>			
	<b>Afternoon Snack Total:</b>			
	<b>Dinner</b>			
	<b>Dinner Total:</b>			
	<b>Evening Snack</b>			
	<b>Evening Snack Total:</b>			
	<b>Daily Carbohydrate Total:</b>			
	<b>Daily Total of Calories:</b>			

**Exercise Time:** \_\_\_\_\_ **Time of Day:** \_\_\_\_\_