

WEEKLY CARB & BLOOD SUGAR TRACKER

NAME: _____

DOB: _____













TARGET RANGES	
PRE-MEAL	POST-MEAL

OPTIONAL GOALS (Complete at beginning of week)
Daily carb intake:
Minutes of physical activity:
Daily blood sugar checks:

REFLECTIONS (Complete at end of week)
<p>This week my energy level was: (circle)</p> <div> 1 2 3 4 5 </div> <p>Low I felt very tired High I had lots of energy</p>
<p>This week my food cravings were: (circle)</p> <div> 1 2 3 4 5 </div> <p>Low I had no cravings High I had lots of cravings</p>

NOTES: _____

MONDAY		DATE:	TUESDAY		DATE:	WEDNESDAY		DATE:
BREAKFAST		:	BREAKFAST		:	BREAKFAST		:
Blood sugar before meal:			Blood sugar before meal:			Blood sugar before meal:		
FOOD / DRINK ITEM		CARBS	FOOD / DRINK ITEM		CARBS	FOOD / DRINK ITEM		CARBS
Blood sugar 2 hours after meal:			Blood sugar 2 hours after meal:			Blood sugar 2 hours after meal:		
LUNCH		:	LUNCH		:	LUNCH		:
Blood sugar before meal:			Blood sugar before meal:			Blood sugar before meal:		
FOOD / DRINK ITEM		CARBS	FOOD / DRINK ITEM		CARBS	FOOD / DRINK ITEM		CARBS
Blood sugar 2 hours after meal:			Blood sugar 2 hours after meal:			Blood sugar 2 hours after meal:		
DINNER		:	DINNER		:	DINNER		:
Blood sugar before meal:			Blood sugar before meal:			Blood sugar before meal:		
FOOD / DRINK ITEM		CARBS	FOOD / DRINK ITEM		CARBS	FOOD / DRINK ITEM		CARBS
Blood sugar 2 hours after meal:			Blood sugar 2 hours after meal:			Blood sugar 2 hours after meal:		
SNACK		:	SNACK		:	SNACK		:
FOOD / DRINK ITEM		CARBS	FOOD / DRINK ITEM		CARBS	FOOD / DRINK ITEM		CARBS
Blood sugar before bed :			Blood sugar before bed :			Blood sugar before bed :		
Total carbs for the day:			Total carbs for the day:			Total carbs for the day:		
PHYSICAL ACTIVITY		DURATION	PHYSICAL ACTIVITY		DURATION	PHYSICAL ACTIVITY		DURATION
How do you feel about the meals you ate today? <div>  Good  Neutral  Needs work </div>			How do you feel about the meals you ate today? <div>  Good  Neutral  Needs work </div>			How do you feel about the meals you ate today? <div>  Good  Neutral  Needs work </div>		

THURSDAY		DATE:	FRIDAY		DATE:	SATURDAY		DATE:	SUNDAY		DATE:
BREAKFAST		:	BREAKFAST		:	BREAKFAST		:	BREAKFAST		:
Blood sugar before meal:			Blood sugar before meal:			Blood sugar before meal:			Blood sugar before meal:		
FOOD / DRINK ITEM		CARBS	FOOD / DRINK ITEM		CARBS	FOOD / DRINK ITEM		CARBS	FOOD / DRINK ITEM		CARBS
Blood sugar 2 hours after meal:			Blood sugar 2 hours after meal:			Blood sugar 2 hours after meal:			Blood sugar 2 hours after meal:		
LUNCH		:	LUNCH		:	LUNCH		:	LUNCH		:
Blood sugar before meal:			Blood sugar before meal:			Blood sugar before meal:			Blood sugar before meal:		
FOOD / DRINK ITEM		CARBS	FOOD / DRINK ITEM		CARBS	FOOD / DRINK ITEM		CARBS	FOOD / DRINK ITEM		CARBS
Blood sugar 2 hours after meal:			Blood sugar 2 hours after meal:			Blood sugar 2 hours after meal:			Blood sugar 2 hours after meal:		
DINNER		:	DINNER		:	DINNER		:	DINNER		:
Blood sugar before meal:			Blood sugar before meal:			Blood sugar before meal:			Blood sugar before meal:		
FOOD / DRINK ITEM		CARBS	FOOD / DRINK ITEM		CARBS	FOOD / DRINK ITEM		CARBS	FOOD / DRINK ITEM		CARBS
Blood sugar 2 hours after meal:			Blood sugar 2 hours after meal:			Blood sugar 2 hours after meal:			Blood sugar 2 hours after meal:		
SNACK		:	SNACK		:	SNACK		:	SNACK		:
FOOD / DRINK ITEM		CARBS	FOOD / DRINK ITEM		CARBS	FOOD / DRINK ITEM		CARBS	FOOD / DRINK ITEM		CARBS
Blood sugar before bed :			Blood sugar before bed :			Blood sugar before bed :			Blood sugar before bed :		
Total carbs for the day:			Total carbs for the day:			Total carbs for the day:			Total carbs for the day:		
PHYSICAL ACTIVITY		DURATION	PHYSICAL ACTIVITY		DURATION	PHYSICAL ACTIVITY		DURATION	PHYSICAL ACTIVITY		DURATION
How do you feel about the meals you ate today?			How do you feel about the meals you ate today?			How do you feel about the meals you ate today?			How do you feel about the meals you ate today?		
 Good  Neutral  Needs work			 Good  Neutral  Needs work			 Good  Neutral  Needs work			 Good  Neutral  Needs work		