

Diabetes Education Center

Your Typical Food Intake In One Day

Name: _____

Date: _____

	Amount of food e.g. 1 cup, 3 oz., 1 slice	Detailed description of all food eaten in 1 typical day e.g. skim milk instead of “milk” or baked chicken instead of “meat”
Breakfast Time:		
Snack Time:		
Lunch Time:		
Snack Time:		
Dinner Time:		
Snack Time:		