

Diabetic Diet Plan

Day: _____

Date: _____

Time	Meal Type	Food Group	Suggested Foods	Portion Size	Notes
Morning	Breakfast				
Mid-Morning	Snack				
Noon	Lunch				
Afternoon	Snack				
Evening	Dinner				
Night	Snack				

Water Intake: _____

Additional Notes:

Sugar: _____

Sodium: _____

Cooking Method: _____

Alcohol: _____

Portion Control: _____

Monitoring: _____