# WEIGH WISE FOOD DIARY

**USE A NEW SHEET EACH DAY TO TRACK YOUR PROGRESS**

DATE_____ Mon Tues Wed Thurs Fri Sat Sun

| Time | Food/Beverage | Amount | Carbs | Calories | Fat gms | Glucose If testing |
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| Totals: | | N/A | | | | |

Circle number of 8 ounce glasses of water: **1 2 3 4 5 6 7 8**

**PHYSICAL ACTIVITY: WHAT:** _____, **MINUTES:** _____ **Weight**_____

**Diabetes Educator feedback:**