



Carbohydrate Counting Daily Worksheet

Date: _____

Name: _____

Basal insulin:		Morning dose:	Evening dose:	
Bolus insulin:		ICR: 1 u: _____ g carbs	ISF: 1 u: _____ mmol/L	
Meal	Food Eaten (including portions)	Total Carbs (grams)	Bolus Insulin	
Breakfast				
Time:			Meal bolus:	_____ u
Pre-meal BG:			+ Correction bolus:	_____ u
2 hr post-meal BG:			= Total insulin	_____ u
AM Snack			Adjust for exercise: <input type="checkbox"/> Y <input type="checkbox"/> No	
Lunch				
Time:			Meal bolus:	_____ u
Pre-meal BG:			+ Correction bolus:	_____ u
2 hr post-meal BG:			= Total insulin	_____ u
PM Snack			Adjust for exercise: <input type="checkbox"/> Y <input type="checkbox"/> No	
Dinner				
Time:			Meal bolus:	_____ u
Pre-meal BG:			+ Correction bolus:	_____ u
2 hr post-meal BG:			= Total insulin	_____ u
Bedtime Snack			Adjust for exercise: <input type="checkbox"/> Y <input type="checkbox"/> No	
Time:				
BG:				

BG: Blood Glucose

ICR: Insulin to Carbohydrate Ratio

ISF: Insulin Sensitivity Factor or Correction Factor