fraserhealth
Carbohydrate Counting Daily Worksheet

Date: _____

Basal insulin: _____   Morning dose: _____   Evening dose: _____

Bolus insulin: _____   ICR: 1 u for _____ g carbs   ISF: 1 u for _____ mmol/L

Meal	Food Eaten (include portions)	Total Carbs (grams)	Bolus Insulin	
Breakfast				
Time:			Meal bolus	____ u
			+ Correction bolus	____ u
Pre-meal BS:			= Total insulin	____ u
2 hr post-meal BS:			Adjust for exercise: ☐ Yes ☐ No	
Morning Snack				
Time:				
Lunch				
Time:			Meal bolus	____ u
			+ Correction bolus	____ u
Pre-meal BS:			= Total insulin	____ u
2 hr post-meal BS:			Adjust for exercise: ☐ Yes ☐ No	
Afternoon Snack				
Time:				
Dinner				
Time:			Meal bolus	____ u
			+ Correction bolus	____ u
Pre-meal BS:			= Total insulin	____ u
2 hr post-meal BS:			Adjust for exercise: ☐ Yes ☐ No	
Bedtime Snack				
Time:				
BS:				

Abbreviations: BS = blood sugar   g = grams   ICR = insulin to carbohydrate ratio   ISF = insulin sensitivity factor   u = unit

This information does not replace the advice given to you by your healthcare provider.