



Food/Carb/Insulin Calculation Log

Name: _____ Long Acting Dose: _____, Time: _____ Long Acting Dose 2: _____, Time: _____
Fast Acting Ratios - Breakfast: _____, Lunch: _____, Dinner: _____ Correction Ratio: _____

Date					Date					Date					
	Item(s)	Carbs	Food Bolus	Cor. Bolus	Total Bolus	Item(s)	Carbs	Food Bolus	Cor. Bolus	Total Bolus	Item(s)	Carbs	Food Bolus	Cor. Bolus	Total Bolus
Breakfast															
Snack															
Lunch															
Snack															
Dinner															
Snack															

Comments: