

Diabetic Meal Planning Questionnaire

Full Name

Age

Email

Type of Diabetes

Height (cm)

Weight (kg)

Target Blood Glucose Range (mg/dL)

Daily Carbohydrate Intake Goal (grams)

Number of Meals per Day

Number of Snacks per Day

Food Allergies or Restrictions

Foods You Dislike

Current Medications (including insulin)

Physical Activity Level

Main Nutrition & Meal Planning Goals

Other Notes