

NAME: \_\_\_\_\_ Day: **M T W Th F Sa Su** Date: \_\_\_\_\_

Hour	Fingerstick Glucose	Diabetes Medication (name & dose)	Notes: get up, bedtime, feeling low, exercise...
12 am			
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12 pm			
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			

Time	Breakfast	Carbs

Time	Morning Snack	Carbs

Time	Lunch	Carbs

Time	Afternoon Snack	Carbs

Time	Dinner	Carbs

Time	Evening Snack	Carbs

- Please use one form for each day. The forms must be returned for your follow up appointment.
- Carb counting websites: MyFitnessPal.com [www.supertracker.usda.gov/foodtracker.aspx](http://www.supertracker.usda.gov/foodtracker.aspx)
- Recipe analyzer websites: [www.myfitnesspal.com/recipe/calculator](http://www.myfitnesspal.com/recipe/calculator) [www.supertracker.usda.gov/myrecipe.aspx](http://www.supertracker.usda.gov/myrecipe.aspx)