NorthShore
University HealthSystem

MY FOOD RECORD

Date:___/___/_____

Name: _____

DOB: _____

* Times to Check Blood Sugars

FOOD ITEM/ AMOUNT [Example]	CARBOHYDRATE GRAMS
Oatmeal – ¾ cup	22
Raisins – 2 Tablespoons	15
Coffee – 1 cup	0
Total	**37**

TIME	BLOOD SUGAR	INSULIN UNITS	FOOD ITEM/ AMOUNT	CARBOHYDRATE GRAMS
	*Before Breakfast * After Breakfast	Ketones	Breakfast **TOTAL**	
			Morning Snack **TOTAL**	
	* After Lunch		Lunch **TOTAL**	
			Afternoon Snack **TOTAL**	
	* After Dinner		Dinner **TOTAL**	
			Bedtime Snack **TOTAL**	