

3 Day Food Record Form

Instructions for completing food record form:

NO PENCIL PLEASE

1. TIME
2. BLOOD SUGAR: In addition to your regular blood sugar checks, please do "2 hour after meal" blood sugar checks for these three days.
3. INSULIN TAKEN
4. FOOD EATEN: *PLEASE MEASURE AMOUNT* of food or beverage using standardized cup sizes, ounces or weight (kitchen scale).
5. CARB GRAMS: Please record the grams of carbohydrate for each individual item.
6. ACTIVITY

EXAMPLE:

Time	Blood Glucose	Insulin	Food- include amounts	Carbs	Activity
8:00	170	4H/10NPH	Cheerios- 1 ½ cup Fat free milk- 1 cup	34 g 12 g	
10:00	210				20 min. jog

These forms can be **faxed to (303) 724-6779** or mailed back to the clinic:
Barbara Davis Center for Childhood Diabetes
P.O. Box 6511, Mail Stop A140
Aurora, CO 80045

Name:
Date:
Dietitian:

Home Phone:
Work Phone:
Best time to be reached:

Time	Blood Glucose	Insulin	Food- include amounts	Carbs	Activity

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