

Advanced Carb Counting Food Record

Instructions

1. Record all foods and beverages for 3 consecutive days; ideally include two days during the week and one day on the weekend. We are interested in days that reflect typical intake, not special occasions or vacations. Please be as accurate as possible.
2. Calculate carbohydrates for each meal and record.
3. Test and record blood sugar before each meal and before bedtime each night – be sure to include the time of the test. Blood sugars taken 2 hours after eating provide additional information, if you are able try to get a couple over the 3 days at different meal times.
4. Record all insulin injections (the number of units taken) for bedtime (basal) insulin and meal time or correction insulin under the insulin taken column.
5. You can leave the shaded areas; we will review how to complete this information during your individual 1:1 follow up appointment.
6. Refer to the example sheet for how to complete the record.

		Foods Eaten and Portions	Carbs	Insulin Taken (rapid acting)
Basal Insulin:				Meal Bolus: ____ Correction: ____ Total Taken: ____
BREAKFAST				
Time:				
Blood Glucose:			Total:	
2-hr BG:			____g	
Activity:				
AM SNACK				
Time:				
Blood Glucose:				
LUNCH				Meal Bolus: ____ Correction: ____ Total Taken: ____
Time:				
Blood Glucose:			Total:	
2-hr BG:			____g	
Activity:				
PM SNACK				
Time:				
Blood Glucose:				
DINNER				Meal Bolus: ____ Correction: ____ Total Taken: ____
Time:				
Blood Glucose:			Total:	
2-hr BG:			____g	
Activity:				
NIGHT SNACK				
Time:				
Blood Glucose:				
Basal Insulin:				
Plan				
ICR = 1 unit for every ____ g of carbs at breakfast		Changes suggested for exercise:		
ICR = 1 unit for every ____ g of carbs at lunch		_____		
ICR = 1 unit for every ____ g of carbs at dinner				
ISF (Correction Dose) = 1 unit of rapid will ↓ BS ____ mmol/L				

		Foods Eaten and Portions	Carbs	Insulin Taken
Basal Insulin:			Total: _____g	Meal Bolus: ____ Correction: ____ Total Taken: ____
BREAKFAST				
Time:				
Blood Glucose:				
2-hr BG:				
Activity:				
AM SNACK				
Time:				
Blood Glucose:				
LUNCH			Total: _____g	Meal Bolus: ____ Correction: ____ Total Taken: ____
Time:				
Blood Glucose:				
2-hr BG:				
Activity:				
PM SNACK				
Time:				
Blood Glucose:				
DINNER			Total: _____g	Meal Bolus: ____ Correction: ____ Total Taken: ____
Time:				
Blood Glucose:				
2-hr BG:				
Activity:				
NIGHT SNACK				
Time:				
Blood Glucose:				
Basal Insulin:				
Plan				
ICR = 1 unit for every _____ g of carbs at breakfast		Changes suggested for exercise:		
ICR = 1 unit for every _____ g of carbs at lunch		_____		
ICR = 1 unit for every _____ g of carbs at dinner				
ISF (Correction Dose) = 1 unit of rapid will ↓ BS _____ mmol/L				

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BREAKFAST				
Time:				
Blood Glucose:				
2-hr BG:				
Activity:				
AM SNACK				
Time:				
Blood Glucose:				
LUNCH			Total: _____g	Meal Bolus: ____ Correction: ____ Total Taken: ____
Time:				
Blood Glucose:				
2-hr BG:				
Activity:				
PM SNACK				
Time:				
Blood Glucose:				
DINNER			Total: _____g	Meal Bolus: ____ Correction: ____ Total Taken: ____
Time:				
Blood Glucose:				
2-hr BG:				
Activity:				
NIGHT SNACK				
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