

DAILY RECORDS

Write down everything you eat and drink. Tell us the time you ate, the amount you ate and how you cooked the food.

Date Checked			
Fasting Urine Ketones			
Fasting Blood Sugar (BS)			
Insulin Amount/Time			
BS 1 hr after start of breakfast			
BS Before Lunch			
Insulin Amount/Time			
BS 1 hr after start of lunch			
BS Before Dinner			
Insulin Amount/Time			
BS 1-2 hrs after start of dinner			
BS 9 - 10 PM/Bedtime			
Insulin Amount/Time			
BS 2 AM (Optional)			
Exercise (type/when/how long)			
Kick Counts Times			
If you had or did any of the following, write it in the box:			
Illness:			
Overeating/Skipped Meal			
Problems/Concerns/Stressors:			

Date: _____	Date: _____	Date: _____
Breakfast Time:		
Snack Time:		
Lunch Time:		
Snack Time:		
Dinner Time:		
Snack Time:		

