

Instructions for Keeping your Food and Blood Sugar Diary

To be completed by people who are taking one or more of the following: Insulin, Glyburide (Diabeta), Repaglinide (Gluconorm), Diamicon (Gliclazide), and/or Amaryl (Glimepiride)

Keep track of everything you eat for **one (1) day**. Be sure to record a typical day when completing your food diary. If recording more than one day complete each day on a separate diary sheet.

Please include the following information in your food diary:

Blood Glucose (Sugar) measures:

1. **Fasting:** Write down your blood sugar reading when you wake up before eating food. Write down the time you measured your blood sugar
2. **Post-meal:** Measure and record your blood sugar level **2 hours after** your largest meal.
3. **Pre- and Post- Exercise:** Measure and record your blood sugar before and after exercise.

Food: What kind?

Record the type of food you ate. Be as specific as you can. Use brand and restaurant names as much as possible, for example 1 **Tim Horton's Breakfast Sandwich**, 1 cup of **Shreddies**, etc.

Be as descriptive as possible (example, 1 **cup** of 1% milk, 1 poached egg). Include any sauces and gravies. Don't forget to write down "extras", such as beverages, salad dressing, mayonnaise, salt, butter, sour cream, sugar and ketchup.

Food: How much?

Indicate the amount of each food item you ate. Write down portion sizes (example: 1 slice or **30g** of ham, **2 slices** of whole wheat toast, 1 **cup** of 1% milk). Be sure to include the amount of condiments, dressings, or any other ingredients you have added to your meal. For example: 1 tablespoon of ketchup, 2 tablespoons of salad dressing.

Exercise:

Write down the type of exercise and the time of day that you completed the exercise.

Medication:

If you are on medication for your diabetes, please write down the time of day, the type of medication, and the dose that you took.

****Do not change your eating habits while you are keeping your food diary. Include details.**



My Food & Blood Sugar Diary

Please fill this out for **ONE DAY**

Name: _____

Date: _____

Fasting Blood Sugar **Time of Day** ____:____ AM/PM **Reading:** _____ mmol/L

What you ate <i>(e.g. General Mills Fibre One Original Cereal, poached egg)</i>	Ingredients Used <i>Be descriptive, e.g. whole wheat bread, lean turkey breast, 1% milk, etc.</i>	How much of each food/ingredient <i>E.g. cups, teaspoons, oz. (for meat use palm of hand and thickness in inches).</i>
BREAKFAST Time ____:____ AM/PM <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>
SNACK Time ____:____ AM/PM <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>
LUNCH Time ____:____ AM/PM <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>
SNACK Time ____:____ AM/PM <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>
DINNER Time ____:____ AM/PM <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>
SNACK Time ____:____ AM/PM <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>

Blood Sugar 2 hours after my largest meal: _____ mmol/L

Exercise Type <i>(e.g. walking)</i> :	Time of Day:	Blood Sugar Before Exercise:	Blood Sugar After Exercise:
	____:____ AM/PM	mmol/L	mmol/L

Insulin / Glyburide (Diabeta) / Repaglinide (Gluconorm) / Diamicon (Gliclazide) / Amaryl (Glimepiride)					
1) Time of Day ____:____ AM/PM		2) Time of Day ____:____ AM/PM		3) Time of Day ____:____ AM/PM	
Type of medication	DOSE	Type of Medication	DOSE	Type of Medication	DOSE
_____	_____	_____	_____	_____	_____

Upon completion, please give your diary to your health care professional & Rehab Team.

Please bring your own glucometer with you to the Centre so that you may monitor your blood sugar levels as needed.