



# Alberta Children's Hospital Diabetes Clinic

Alberta Children's Hospital  
Diabetes Clinic  
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Dear Parent,

In order to assess your eating habits, it is most helpful to fill out a three (3) day food record, which tracks what you eat, how much you eat and when you ate it.

- You may need to measure or weigh some portions to determine more accurate portion sizes.
- Eat as you normally would while keeping your food records.
- Remember to complete the food record prior to Diabetes clinic appointment with the Dietitian. You can either email the food diary or bring it with you to your appointment.

**Instructions:** To complete the Food Diary follow these instructions and the example below.

1. **Record** usual time of meal, carbohydrate goals, insulin/carb ratio (if used) and usual insulin dose in left-hand column.
2. **Record** blood glucose test results (BG) in upper left-hand boxes.
3. **Record** food intake for 3 days. Specify types and amounts (weight or volume) and **the carbohydrate count of all foods eaten**. To record ACTUAL food intake:
  - ✓ Indicate the **amount** and **kind of food** eaten in weight or cups using imperial or metric measurements, e.g. 50g (weight) Kellogg's Rice Krispies.
  - ✓ Indicate preparation method, e.g. 1/2 cup **boiled** potatoes.
  - ✓ Indicate butter fat content of dairy products, e.g. 1/2 cup **2%** milk.
  - ✓ If eating out - indicate restaurant and food eaten (be as specific as possible!), e.g. 1/8th of 10" thin crust **Boston Pizza** - pineapple, ham and cheese.
  - ✓ Provide the recipe (including all ingredients and the yield) of homemade dishes such as casseroles or baking.
4. **Record** activity and multivitamins/herbal supplements taken at the bottom the page.

|                                    | DATE:   | Carb       |
|------------------------------------|---|------------|
| <b>Breakfast</b> Time: <u>7:30</u> | BG: <u>6.5</u>                                |            |
| • Carb Goals <u>65 g</u>           | 2 slices of whole wheat toast                 | <b>30g</b> |
|                                    | 1 Tbsp Kraft peanut butter                    | <b>3g</b>  |
|                                    | 2 tsp Smucker's Strawberry No Sugar Added Jam | <b>4g</b>  |
| • Insulin/carb ratio _____         | 1 cup 2% milk                                 | <b>12g</b> |
|                                    | 1 small banana (101g)                         | <b>20g</b> |
| • Usual Insulin <u>6H 21N</u>      | <b>TOTAL</b>                                  | <b>69g</b> |

Recording your intake, bg and insulin doses helps us help you manage your diabetes.

If you have a question, please call or email.

| Deanna Langille<br>RD, CDE   | Julia Mercer<br>RD, CDE  | Karen Plett RD   |
|--|--|--|
| Registered Dietitian   | Registered Dietitian   | Registered Dietitian   |
| 403-955-7332<br><a href="mailto:deanna.langille@ahs.ca">deanna.langille@ahs.ca</a> | 403-955-3253<br><a href="mailto:julia.mercer@ahs.ca">julia.mercer@ahs.ca</a> | 403-955-2984<br><a href="mailto:karen.plett@ahs.ca">karen.plett@ahs.ca</a> |

|  | DATE                     | Carb | DATE                     | Carb | DATE                     | Carb |
|--|--------------------------|------|--------------------------|------|--------------------------|------|
| <b>Breakfast</b> Time: _____<br><ul style="list-style-type: none"> <li>• Carb goals _____</li> <li>• Insulin: carb ratio _____ and/or</li> <li>• Set insulin dose _____</li> </ul> | BG: <input type="text"/> |      | BG: <input type="text"/> |      | BG: <input type="text"/> |      |
| <b>Snack</b> Time: _____<br><ul style="list-style-type: none"> <li>• Carb goals _____</li> <li>• Insulin: carb ratio _____ and/or</li> <li>• Set insulin dose _____</li> </ul>     |                          |      |                          |      |                          |      |
| <b>Lunch</b> Time: _____<br><ul style="list-style-type: none"> <li>• Carb goals _____</li> <li>• Insulin: carb ratio _____ and/or</li> <li>• Set insulin dose _____</li> </ul>     | BG: <input type="text"/> |      | BG: <input type="text"/> |      | BG: <input type="text"/> |      |
| <b>Snack</b> Time: _____<br><ul style="list-style-type: none"> <li>• Carb goals _____</li> <li>• Insulin; carb ratio _____ and/or</li> <li>• Set insulin dose _____</li> </ul>     |                          |      |                          |      |                          |      |
| <b>Supper</b> Time: _____<br><ul style="list-style-type: none"> <li>• Carb goals _____</li> <li>• Insulin: carb ratio _____ and/or</li> <li>• Set insulin dose _____</li> </ul>    | BG: <input type="text"/> |      | BG: <input type="text"/> |      | BG: <input type="text"/> |      |
| <b>Snack</b> Time: _____<br><ul style="list-style-type: none"> <li>• Carb goals _____</li> <li>• Insulin: carb ratio _____ and/or</li> <li>• Set insulin dose _____</li> </ul>     | BG: <input type="text"/> |      | BG: <input type="text"/> |      | BG: <input type="text"/> |      |
| <b>Activity:</b><br><ul style="list-style-type: none"> <li>• Type _____</li> <li>• Time _____</li> </ul> <b>Multivitamins/Herbal supplements:</b>                                  |                          |      |                          |      |                          |      |