



FOOD DIARY INSTRUCTIONS

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 Dietician. 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.

- Record** usual time of meal, carbohydrate goals, insulin/carb ratio (if used) and usual insulin dose in left-hand column.
- Record** blood glucose test results (BG) in upper left-hand boxes.
- 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.
- Record** activity and multivitamins/herbal supplements taken at the bottom the page.

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

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

If you have a question, please call or email.

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	DATE	Carb	DATE	Carb	DATE	Carb
Breakfast Time: _____ • Carb goals _____ • Insulin: carb ratio _____ and/or • Set insulin dose _____	BG: _____		BG: _____		BG: _____	
Snack Time: _____ • Carb goals _____ • Insulin: carb ratio _____ and/or • Set insulin dose _____						
Lunch Time: _____ • Carb goals _____ • Insulin: carb ratio _____ and/or • Set insulin dose _____	BG: _____		BG: _____		BG: _____	
Snack Time: _____ • Carb goals _____ • Insulin: carb ratio _____ and/or • Set insulin dose _____						
Supper Time: _____ • Carb goals _____ • Insulin: carb ratio _____ and/or • Set insulin dose _____	BG: _____		BG: _____		BG: _____	
Snack Time: _____ • Carb goals _____ • Insulin: carb ratio _____ and/or • Set insulin dose _____	BG: _____		BG: _____		BG: _____	
Activity: • Type _____ • Time _____ Multivitamins/Herbal supplements:						