

FOOD AND BEVERAGE DIARY

INSTRUCTIONS:

1. Write down **EVERYTHING** your child eats or drinks for at least five days. Don't forget soda or "little nibbles."
2. To be more accurate, record information immediately after eating or drinking.
3. Measure or weigh your food portions before you eat. If measuring is not possible, estimate the serving size as accurately as possible.
4. Describe how the food was prepared (baked, boiled, fried, etc.)
5. Include any butter, margarine, sauces, dressings, etc. added to the food.

EXAMPLE OF FOOD/BEVERAGE DIARY

TIME	FOOD AND BEVERAGES	AMOUNT EATEN	CARB Grams	Label	Source of Info
12:00	Sandwich				
	White bread	2 slices	30 grams of carb	X	
	Peanut butter	1 ½ Tbsp.	5 grams of carb	X	
	Strawberry jam, diet	1 Tbsp.	7 grams of carb	X	
	Banana	1 small	18 grams of carb		Food Scale
	Potato chips	1 ounce	15 grams of carb	X	
	Milk, 2%	8 ounces	12 grams of carb	X	

Be as specific as you can!

Complete the following:

Name: _____ DOB: _____

Address: _____ Diabetes Physician: _____

City/State/Zip: _____

Phone: _____

Return completed form to:

PCH Diabetes Clinic

Email: pcmcbglogs@imail.org

Fax: 801-587-7539

Phone: 801-213-3599

Do you need help with any of the following?

- Pump Preparation
- Diabetes Management
- Carbohydrate Counting
- Calorie and Nutrition Information

Carbohydrate Counting Form (Food & Beverage Diary)

Name: SAMPLE

Date: TODAY'S DATE

Breakfast Time: 7:00 A.M.

BREAKFAST: Food Eaten	Amount	Carb Grams	Food Label	Source of Info	Total Carb Grams
Milk 1%	2 C	24		School Menu	88
Banana, small	5 oz	20		School Menu	
Cheerios	2 C	44		School Menu	
					Blood Sugar
					Insulin Dose

Snack Time: 10:00 A.M.

A.M. SNACK: Food Eaten	Amount	Carb Grams	Food Label	Source of Info	Total Carb Grams
Kellogg's Pop Tart, blueberry, frosted	1 each	37	X		37
					Blood Sugar
					Insulin Dose

Lunch Time: 12:30 P.M.

LUNCH: Food Eaten	Amount	Carb Grams	Food Label	Source of Info	Total Carb Grams
Cheese deep dish pizza, Dominos	2 slices	52		App	74
Cheesy bread, Dominos	2 each	22		App	
Diet Coke	1 can	0		App	
					Blood Sugar
					Insulin Dose

Snack Time: 3:00 P.M.

P.M. SNACK: Food Eaten	Amount	Carb Grams	Food Label	Source of Info	Total Carb Grams
Apple, large	12 oz	45		Food Scale	45
					Blood Sugar
					Insulin Dose

Dinner Time: 6:00 P.M.

DINNER: Food Eaten	Amount	Carb Grams	Food Label	Source of Info	Total Carb Grams
Chicken breast, plain, baked	1 each	0		App	86
Whipped potatoes	½ C	15		Website	
Gravy	2 Tbsp	2	X		
Corn	1 C	30	X		
					Blood Sugar
					Insulin Dose
Dinner roll	1 ½ oz	22		App	31
Peach, medium, fresh	5 oz	17		Website	

Snack Time: 9:00 P.M.

BED SNACK: Food Eaten	Amount	Carb Grams	Food Label	Source of Info	Total Carb Grams
Wheat bread (½ sandwich)	1 slice	22	X		31
					Blood Sugar
					Insulin Dose
Peanut butter	1 Tbsp	5	X		31
Jelly, diet	2 tsp	4	X		

Was this typical of the amount you eat in a normal day? Yes No Why not? _____

Carbohydrate Counting Form (Food & Beverage Diary)

Name: _____

Date: _____

Breakfast Time: _____

BREAKFAST: Food Eaten	Amount	Carb Grams	Food Label	Source of Info	Total Carb Grams	
					Blood Sugar	Insulin Dose

Snack Time: _____

A.M. SNACK: Food Eaten	Amount	Carb Grams	Food Label	Source of Info	Total Carb Grams	
					Blood Sugar	Insulin Dose

Lunch Time: _____

LUNCH: Food Eaten	Amount	Carb Grams	Food Label	Source of Info	Total Carb Grams	
					Blood Sugar	Insulin Dose

Snack Time: _____

P.M. SNACK: Food Eaten	Amount	Carb Grams	Food Label	Source of Info	Total Carb Grams	
					Blood Sugar	Insulin Dose

Dinner Time: _____

DINNER: Food Eaten	Amount	Carb Grams	Food Label	Source of Info	Total Carb Grams	
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Snack Time: _____

BED SNACK: Food Eaten	Amount	Carb Grams	Food Label	Source of Info	Total Carb Grams	
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Carbohydrate Counting Form (Food & Beverage Diary)

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Date: _____

Breakfast Time: _____

BREAKFAST: Food Eaten	Amount	Carb Grams	Food Label	Source of Info	Total Carb Grams	
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LUNCH: Food Eaten	Amount	Carb Grams	Food Label	Source of Info	Total Carb Grams	
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