

Type 1 Food Record Sheet (MDI and Pump)

Date _____

Name _____

Meal	Food Eaten (include portion)	# Grams Carb	Insulin Taken
Basal Insulin			
Breakfast Time: Glucose level:			Meal Insulin: _____ Correction: _____ Total Taken: _____
Two hour G:			
Activity:			
Snack Time: Glucose level:			Meal Insulin: _____ Correction: _____ Total Taken: _____
Lunch Time: Glucose level:			Meal Insulin: _____ Correction: _____ Total Taken: _____
Two hour Glucose:			
Activity			
Snack Time: Glucose level:			Meal Insulin: _____ Correction: _____ Total Taken: _____
Supper Time: Glucose level:			Meal Insulin: _____ Correction: _____ Total Taken: _____
Two hour glucose:			
Activity			
Snack Glucose level:			Meal Insulin: _____ Correction: _____ Total Taken: _____
Basal Insulin			
Bedtime Glucose: Time:			
Comments			

*Write in activity or use 1: less than normal activity, 2: normal activity, 3: more than normal activity.

My Correction is: 1 unit drops blood glucose _____ mmol/L

My Insulin:Carbohydrate ratio is: _____ unit for _____ grams of carb (breakfast)

My Insulin:Carbohydrate ratio is: _____ unit for _____ grams of carb (lunch)

My Insulin:Carbohydrate ratio is: _____ unit for _____ grams of carb (supper)

My Insulin:Carbohydrate ratio is: _____ unit for _____ grams of carb (bedtime snack)

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Two hour Glucose:			
Activity			
Snack Time: Glucose level:			Meal Insulin: _____ Correction: _____ Total Taken: _____
Supper Time: Glucose level:			Meal Insulin: _____ Correction: _____ Total Taken: _____
Two hour glucose:			
Activity			
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My Insulin:Carbohydrate ratio is: _____ unit for _____ grams of carb (bedtime snack)

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My Insulin:Carbohydrate ratio is: _____ unit for _____ grams of carb (bedtime snack)