

Food Intake Record & Glucose Monitor

Please fill in the following form and fax or e-mail it four days before your appointment. We will try to estimate an average of your intake of calories, protein, fat, carbohydrate, fibre, vitamins and minerals and will compare them to your recommended intake. We need you to record your blood glucose.

Please record all of the food or drink taken over a period of three days. To provide an accurate portrayal of your eating patterns try to **include two week days and one day on the weekend.** **All three days should be in a row. Include all beverages and extra food items such as water, toppings, condiments, margarine, butter or mayonnaise.** Record any supplements or vitamins/minerals that you may take. In the Activity column indicate the amount of physical activity you had each day (walking, housework etc.) Please record your blood glucose before each meal, before snacks and before bedtime. If you are pregnant you need to also test one hour after each meal.

Example Intake Record Only (Do not follow this record) Record what you eat.

Time	Describe the Food or Drink Taken	Amount	Portion /Measure	Activity /Heart Rate	Blood Glucose
8:00	Breakfast eggs, boiled orange juice, unsweetened whole wheat toast	2 ½ 2	large cup slices	Housework 15 minutes	<u>7.8</u> before brkfst <u>8.9</u> 2 hours after brkfst
10:00	Mid-Morning coffee(decaf) donut (honey dip)	1 1	cup large		
12:00	Lunch/Dinner sandwich -tuna, water packed -whole wheat bread -mayonnaise, regular or lite -margarine, brand name -lettuce, romaine 2% milk	½ 2 1 1 1 1	cup slices tsp tsp leaf cup		<u>5.4</u> before lunch <u>6.6</u> 2 hours after lunch
3:00	Mid-Afternoon hot chocolate, herseys	1	cup	Yard Work 15 minutes	
6:00	Supper/Dinner barbecued chicken breast (no skin) barbecued potato carrots (cooked) 2% milk apple	3 1 ½ 1 1	ounces medium sized cup cup medium		<u>5.6</u> before supper <u>7.8</u> 2 hours after supper
9:00	Evening sweet white wine crackers (soda) cheese (cheddar)	4 8 2	ounces crackers ounces	Walk 45 minutes 110 bpm	<u>9.9</u> before bedtime

Name: _____ Date: _____ Day of the Week: _____

Date: _____

Time	Describe the Food or Drink Taken	Amount	Portion /Measure	Activity /Heart Rate	Blood Glucose
	Breakfast				<p>_____</p> <p>before breakfast</p> <p>_____</p> <p>2 hours after breakfast</p>
	Mid-Morning				
	Lunch/Dinner				<p>_____</p> <p>before lunch</p> <p>_____</p> <p>2 hours after lunch</p>
	Mid-Afternoon				
	Supper/Dinner				<p>_____</p> <p>before supper</p> <p>_____</p> <p>2 hours after supper</p>
	Evening				<p>_____</p> <p>before bedtime</p>

Date: _____

Time	Describe the Food or Drink Taken	Amount	Portion /Measure	Activity /Heart Rate	Blood Glucose
	Breakfast				<p style="text-align: center;">_____</p> <p style="text-align: center;">before breakfast</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">2 hours after breakfast</p>
	Mid-Morning				
	Lunch/Dinner				<p style="text-align: center;">_____</p> <p style="text-align: center;">before lunch</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">2 hours after lunch</p>
	Mid-Afternoon				
	Supper/Dinner				<p style="text-align: center;">_____</p> <p style="text-align: center;">before supper</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">2 hours after supper</p>
	Evening				<p style="text-align: center;">_____</p> <p style="text-align: center;">before bedtime</p>

Date: _____

Time	Describe the Food or Drink Taken	Amount	Portion /Measure	Activity /Heart Rate	Blood Glucose
	Breakfast				<p>_____</p> <p>before breakfast</p> <p>_____</p> <p>2 hours after breakfast</p>
	Mid-Morning				
	Lunch/Dinner				<p>_____</p> <p>before lunch</p> <p>_____</p> <p>2 hours after lunch</p>
	Mid-Afternoon				
	Supper/Dinner				<p>_____</p> <p>before supper</p> <p>_____</p> <p>2 hours after supper</p>
	Evening				<p>_____</p> <p>before bedtime</p>