

DIABETES DAILY TRACKER

DATE:

DAY OF WEEK: (S) (M) (T) (W) (R) (F) (S)

BLOOD TESTING RECORDS

TARGET RANGE:

| MEAL: | | MEAL: | | MEAL: | | MEAL: | | MEAL: | | MEAL: | | BEFORE BEDTIME |
|--------|-------|--------|-------|--------|-------|--------|-------|--------|-------|--------|-------|----------------|
| BEFORE | AFTER | BEFORE | AFTER | BEFORE | AFTER | BEFORE | AFTER | BEFORE | AFTER | BEFORE | AFTER | |
| | | | | | | | | | | | | |

Spread the total amount of consumed carbohydrates evenly throughout daily meals and snacks. Try to eat 4-6 small meals per day.



DAILY FOOD RECORDS

Daily CHO Recommendation:
Daily Calorie Recommendation:

MEDICATIONS

| MEAL | CHO (g) | FIBER (g) | PTN (g) | FAT (g) | SAT FAT (g) | CALORIES | TIME | RX |
|---------------|---------|-----------|---------|---------|-------------|----------|------|----|
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| TOTALS | | | | | | | | |

KEY RECOMMENDATIONS:

- ➔ less than 35% Fat
- ➔ less than 10% Sat Fat
- ➔ less than 300mg Cholesterol
- ➔ less than 2,300mg Sodium

DAILY CHECKS

- FEET ○
- BRUSH TEETH (AT LEAST TWICE) ○○
- FLOSS ○○
- RX REFILL NEEDED? _____
- GLASSES OF 8OZ WATER: ○○○○○○○○
- EXERCISE: _____
- DE-STRESS ACTIVITY: _____

