

Diabetes Self-Care Record

For Type 1 and Type 2 Diabetes

Name: _____

Date: _____

Time	Diabetes Medicine or Insulin		Blood Glucose		Food and Drink	Carbohydrates		Physical Activity		Notes
	Type	Amount	Before	2 hours after		Type and amount	Choices	Grams	Type and amount	
<i>Breakfast</i>										
<i>Snack</i>										
<i>Lunch</i>										
<i>Snack</i>										
<i>Dinner</i>										
<i>Snack</i>										