



# Weekly Food & Blood Sugar Journal

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

## Diabetes Self-Management Education

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Date _____	Date _____	Date _____
<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>
Breakfast Ketones: _____ Insulin/Med: _____  BB: _____ Time: _____ AB: _____ Time: _____ Snack: _____	Breakfast Ketones: _____ Insulin/Med: _____  BB: _____ Time: _____ AB: _____ Time: _____ Snack: _____	Breakfast Ketones: _____ Insulin/Med: _____  BB: _____ Time: _____ AB: _____ Time: _____ Snack: _____
Lunch Insulin/Med: _____   BL: _____ Time: _____ AL: _____ Time: _____ Snack: _____	Lunch Insulin/Med: _____   BL: _____ Time: _____ AL: _____ Time: _____ Snack: _____	Lunch Insulin/Med: _____   BL: _____ Time: _____ AL: _____ Time: _____ Snack: _____
Dinner Insulin/Med: _____   BL: _____ Time: _____ AL: _____ Time: _____ Snack: _____ BT: _____ Time: _____ Insulin/Med: _____	Dinner Insulin/Med: _____   BL: _____ Time: _____ AL: _____ Time: _____ Snack: _____ BT: _____ Time: _____ Insulin/Med: _____	Dinner Insulin/Med: _____   BL: _____ Time: _____ AL: _____ Time: _____ Snack: _____ BT: _____ Time: _____ Insulin/Med: _____

Date \_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_

Thursday	Friday	Saturday	Sunday
<p><b>Breakfast</b> Ketones: _____ Insulin/Med: _____</p> <p>BB: _____ Time: _____ AB: _____ Time: _____ Snack: _____</p>	<p><b>Breakfast</b> Ketones: _____ Insulin/Med: _____</p> <p>BB: _____ Time: _____ AB: _____ Time: _____ Snack: _____</p>	<p><b>Breakfast</b> Ketones: _____ Insulin/Med: _____</p> <p>BB: _____ Time: _____ AB: _____ Time: _____ Snack: _____</p>	<p><b>Breakfast</b> Ketones: _____ Insulin/Med: _____</p> <p>BB: _____ Time: _____ AB: _____ Time: _____ Snack: _____</p>
<p><b>Lunch</b> Insulin/Med: _____</p> <p>BL: _____ Time: _____ AL: _____ Time: _____ Snack: _____</p>	<p><b>Lunch</b> Insulin/Med: _____</p> <p>BL: _____ Time: _____ AL: _____ Time: _____ Snack: _____</p>	<p><b>Lunch</b> Insulin/Med: _____</p> <p>BL: _____ Time: _____ AL: _____ Time: _____ Snack: _____</p>	<p><b>Lunch</b> Insulin/Med: _____</p> <p>BL: _____ Time: _____ AL: _____ Time: _____ Snack: _____</p>
<p><b>Dinner</b> Insulin/Med: _____</p> <p>BL: _____ Time: _____ AL: _____ Time: _____ Snack: _____ BT: _____ Time: _____ Insulin/Med: _____</p>	<p><b>Dinner</b> Insulin/Med: _____</p> <p>BL: _____ Time: _____ AL: _____ Time: _____ Snack: _____ BT: _____ Time: _____ Insulin/Med: _____</p>	<p><b>Dinner</b> Insulin/Med: _____</p> <p>BL: _____ Time: _____ AL: _____ Time: _____ Snack: _____ BT: _____ Time: _____ Insulin/Med: _____</p>	<p><b>Dinner</b> Insulin/Med: _____</p> <p>BL: _____ Time: _____ AL: _____ Time: _____ Snack: _____ BT: _____ Time: _____ Insulin/Med: _____</p>