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Name_____ **Date**_____/_____/_____

Diabetes Self-Care Record

Time	Diabetes Medication Or Insulin		Blood Sugar Results	Food Intake		Carbohydrate Information		Physical Activity		Other Factors
	Type	Amount		Amount	Type of food/ drink	Units	Grams	Type	Amount	Stress/illness
Breakfast			Before / 2 hrs After							
Snack										
Lunch			Before / 2 hrs After							
Snack										
Dinner			Before / 2 hrs After							
Snack										