



Diabetes Education Centre Three Day Food Record – Type 2

Patient Information

Name:

Date of Birth (MM/DD/YYYY):

Health Card Number:

Affix patient label here

To provide us with a sense of your current eating habits, please complete the three-day food record below. Eat as you normally would for three consecutive days. Write down all food and drink and in what amount (Eg. 1 cup Cheerios w/ ½ cup milk). Check your blood glucose (BG) before meals and at bedtime. On one day, check 2 hours after your biggest meal. **If you do not eat a meal or snack, leave the box blank.** Write down physical activity during the day as it happens.

Day 1 Date:	Day 2 Date:	Day 3 Date:
Meal #1 Time: _____ BG: _____	Meal #1 Time: _____ BG: _____	Meal #1 Time: _____ BG: _____
Snack: Time: _____	Snack: Time: _____	Snack: Time: _____
Meal #2 Time: _____ BG: _____	Meal #2 Time: _____ BG: _____	Meal #2 Time: _____ BG: _____
Snack: Time: _____	Snack: Time: _____	Snack: Time: _____
Meal #3 Time: _____ BG: _____	Meal #3 Time: _____ BG: _____	Meal #3 Time: _____ BG: _____
Snack: Time: _____ BG: _____	Snack: Time: _____ BG: _____	Snack: Time: _____ BG: _____



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Please tell us more about your eating habits.

What is going well with your current eating habits?

What recent changes have you made in how you eat?

Has your weight changed in the past 6 months? Yes No
If yes, how?

Have you followed a diet before? Yes No
If yes, what was it for?

Do you have any food allergies or intolerances? Yes No
If yes, what are they?

How often do you purchase take-out options or eat out at restaurants?

- Once a month or less A few times per month About once a week
 Multiple times per week Daily

What restaurants do you typically eat at or order from?

Please list any other concerns or questions you may have related to your eating habits:

Signature: _____

Date: _____