

Food Records
 Pediatric Diabetes Resource Center – Children’s Hospital of Illinois
 Fax: 309-624-2481

Name: _____ I/C ratio _____ CF _____ Date: _____

	M N	1A	2	3	4	5	6	7	8	9	10	11	12	1P	2	3	4	5	6	7	8	9	10	11	
Blood Sugar																									
Total Carbs																									
Meal Humalog/ Novolog																									
Correction Humalog/ Novolog																									
Total Humalog/ Novolog																									
Lantus																									
Activity																									

	Breakfast				Lunch				Dinner			
Time	Food & Amount		Carb Grams	Time	Food & Amount		Carb Grams	Time	Food & Amount		Carb Grams	
	Morning Snack				Afternoon Snack				Evening Snack			