



Charleston Area
Medical Center, Inc.

PLACE
PATIENT IDENTIFICATION LABEL
HERE

DIABETES EDUCATION PROGRAM – FOOD DIARY

Name: _____

DIRECTIONS: Write down **EVERYTHING** you eat and drink for 3 days. Please be specific.

Wrong way = "milk & cereal & toast & butter"

Right way = "8 ounces 2% milk & 1 cup oatmeal & 2 pieces white toast & 2 tsp margarine."

Time of Day	Date:	Date:	Date:
Breakfast _____ am / pm			
Snack _____ am / pm			
Lunch _____ am / pm			
Snack _____ am / pm			
Dinner _____ am / pm			
Snack _____ am / pm			

DATE: **TIME:** **PATIENT SIGNATURE:**

DATE: **TIME:** **CLINICIAN SIGNATURE:**