

Information from your Patient Aligned Care Team

Diabetes Self-Monitoring Form

EATING: (carbohydrates):

Date: _____

<u>Food</u>	<u>Time</u>	<u>Carb Count</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

MEDICATION:

<u>Type</u>	<u>Amount</u>	<u>Time</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PHYSICAL ACTIVITY:

<u>Type</u>	<u>Duration</u>
_____	_____
_____	_____
_____	_____
_____	_____

BLOOD SUGAR READINGS:

<u>Blood Sugar</u>	<u>Time</u>
_____	_____
_____	_____
_____	_____
_____	_____

STRESS LEVEL TODAY: (0 = [None] – 10 = [Severe])

RATING: _____

FACTORS: _____
