



# Food Diary - CGM

When you come in for your next appointment, we will see what your usual eating and drinking habits do to your blood sugars.

It can be tricky to remember everything you ate and drank over the 2 weeks, so please: **Keep Track for 4 Days:** Write down everything you eat and drink for four days. This gives us a good idea of your regular diet and how your sugars react.

**Fill Out Only What You Eat or Drink:** If you typically have three meals or snacks a day, just fill in those three. If there are spaces for more meals or snacks that you don't have, just leave them empty.

	Day 1 - Date	Day 2 - Date
Meal / Snack	Food / Drink	Food / Drink
First (Eg: Breakfast)	Time:	Time:
Second	Time:	Time:
Third	Time:	Time:
Fourth	Time:	Time:
Fifth	Time:	Time:
Sixth	Time:	Time:
On this day what did you drink? (Eg: Alcohol; Water; Soft Drink)		





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Include the following details where possible:

**\* Type / Brand \* Amount Eaten**

Eg: 3 Weet-Bix, with 1 cup of full-cream milk and 1 small banana

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Meal / Snack	Food / Drink	Food / Drink
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<b>Second</b>	Time:	Time:
<b>Third</b>	Time:	Time:
<b>Fourth</b>	Time:	Time:
<b>Fifth</b>	Time:	Time:
<b>Sixth</b>	Time:	Time:
<b>On this day what did you drink?</b> (Eg: Alcohol; Water; Soft Drink)		

Patient name:

MRN: