LMC DIABETES & ENDOCRINOLOGY

advanced carb counting homework

Instructions

1. Record all food and beverages for 3 consecutive days; ideally include two days during the week and one day on the weekend. We are interested in days that reflect your typical intake, not special occasions or vacations. Please be as accurate as possible.

2. Calculate carbohydrates for each meal and record.

3. Record all pre-meal blood sugar readings and pre-bedtime reading, include times. Blood sugar records 2 hours after eating will only be an asset.

4. Record all insulin injections.

5. You can leave the shaded areas; we will review how to complete this information during your 1:1 session.

day 1

Name: _____ Date: _____ / _____ / _____

Meal		**Food Eaten & Portions**	**Carbs**	**Insulin Taken** (fast acting)
Basal Insulin: (long acting)				
BREAKFAST				Meal Bolus: ____ Correction: ____ Total Taken: ____
Time:				
Blood Glucose:			Total:	
2-hr BG:			_____g	
Activity:				
AM SNACK				
Time:				
Blood Glucose:				
LUNCH				Meal Bolus: ____ Correction: ____ Total Taken: ____
Time:				
Blood Glucose:			Total:	
2-hr BG:			_____g	
Activity:				
PM SNACK				
Time:				
Blood Glucose:				
DINNER				Meal Bolus: ____ Correction: ____ Total Taken: ____
Time:				
Blood Glucose:			Total:	
2-hr BG:			_____g	
Activity:				
NIGHT SNACK				
Time:				
Blood Glucose:				
Basal Insulin: (long acting)				

Plan

Insulin:Carb ratio = 1 unit for every _____ g of carbs at breakfast
Insulin:Carb ratio = 1 unit for every _____ g of carbs at lunch
Insulin:Carb ratio = 1 unit for every _____ g of carbs at dinner

Insulin Sensitivity Factor: 1 unit of humalog | rapid will ↓ BS _____ mmol/L
Correction Dose: (Current BG – goal BG) ÷ ISF _____ = _____ U extra insulin to take with meal

day 2

Name: _____ Date: _____ / _____ / _____

Meal		**Food Eaten & Portions**	**Carbs**	**Insulin Taken** (fast acting)
Basal Insulin: (long acting)				
BREAKFAST				
Time:				Meal Bolus: ____
Blood Glucose:				Correction: ____
2-hr BG:			Total:	Total Taken: ____
Activity:			_____g	
AM SNACK				
Time:				
Blood Glucose:				
LUNCH				
Time:				Meal Bolus: ____
Blood Glucose:				Correction: ____
2-hr BG:			Total:	Total Taken: ____
Activity:			_____g	
PM SNACK				
Time:				
Blood Glucose:				
DINNER				
Time:				Meal Bolus: ____
Blood Glucose:				Correction: ____
2-hr BG:			Total:	Total Taken: ____
Activity:			_____g	
NIGHT SNACK				
Time:				
Blood Glucose:				
Basal Insulin: (long acting)				

Plan

Insulin:Carb ratio = 1 unit for every _____ g of carbs at breakfast
Insulin:Carb ratio = 1 unit for every _____ g of carbs at lunch
Insulin:Carb ratio = 1 unit for every _____ g of carbs at dinner

Insulin Sensitivity Factor: 1 unit of humalog | rapid will ↓ BS _____ mmol/L
Correction Dose: (Current BG – goal BG) ÷ ISF _____ = _____ U extra insulin to take with meal

day 3

Name: _____ Date: _____ / _____ / _____

Meal		**Food Eaten & Portions**	**Carbs**	**Insulin Taken** (fast acting)
Basal Insulin: (long acting)				
BREAKFAST				Meal Bolus: ____ Correction: ____ Total Taken: ____
Time:				
Blood Glucose:			Total:	
2-hr BG:			_____g	
Activity:				
AM SNACK				
Time:				
Blood Glucose:				
LUNCH				Meal Bolus: ____ Correction: ____ Total Taken: ____
Time:				
Blood Glucose:			Total:	
2-hr BG:			_____g	
Activity:				
PM SNACK				
Time:				
Blood Glucose:				
DINNER				Meal Bolus: ____ Correction: ____ Total Taken: ____
Time:				
Blood Glucose:			Total:	
2-hr BG:			_____g	
Activity:				
NIGHT SNACK				
Time:				
Blood Glucose:				
Basal Insulin: (long acting)				

Plan

Insulin:Carb ratio = 1 unit for every _____ g of carbs at breakfast
Insulin:Carb ratio = 1 unit for every _____ g of carbs at lunch
Insulin:Carb ratio = 1 unit for every _____ g of carbs at dinner

Insulin Sensitivity Factor: 1 unit of humalog | rapid will ↓ BS _____ mmol/L
Correction Dose: (Current BG – goal BG) ÷ ISF _____ = _____ U extra insulin to take with meal