



**University Hospital
Southampton**
NHS Foundation Trust

Department of nutrition and dietetics
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My carbohydrate counting food diary

Please complete for four days

Name	
Date of birth	
Hospital number	
Date	
Dietitian	

Please return to the above address or bring to your next appointment

How to fill in your food diary

1. Please complete your food diary as shown in the example on the next page.
2. Please **do not change** your normal diet just because you are filling in the diary.
3. Remember to write down **everything** you eat and drink, even water! Include **all** nibbles and snacks, and any foods you eat when you're not at home.
4. If possible, please state the **weight of the food**. If the food is in a packet, the weight may be on the label. If you can't give the weight, please give the **quantities in household measures** (for example two teaspoons of sugar, two tablespoons of peas).
5. State the method of **cooking**, such as grilled or fried.
6. If any dishes are home-baked (such as stews or puddings) please make a note of the **recipe** on the back page.
7. Indicate when you do any **exercise** and describe the type of exercise and how long you did it for.
8. Remember that you need to look at the '**total carbohydrate**' in a serving when you are counting carbohydrates.
9. Please send in **food labels** with the food diary if you find them difficult to understand.

Example food diary

Name: Demo

Hospital no: 12345678

Meal	Time	Food eaten	Carbohydrate value (in grams)	Insulin – Novorapid (if given)	Blood sugar level (time)	Exercise (time and type)
Breakfast	7am	2 Weetabix and 150mls full cream milk	26g cereal 7.5g milk	4 units	4.2 (7am)	
Snack	10am	1 apple	15g		7.2 (12.45pm)	
Lunch	1pm	2 medium slices of white bread with cheese 1 yoghurt 1 medium banana	32g bread 15g yoghurt 20g fruit	6 units		
Snack	3.30pm	1 packet of crisps (multipack size)	12.5g		6.6 (3.00pm)	
Dinner	6pm	Half a cheese and tomato pizza and green salad	60g	6 units	8.1 (5.45pm)	
Snack	9pm	1 glass of full cream milk (200mls)	10g			
Glargine or Levemir daily dose			24 units			

Day one

Name:

Hospital no:

Meal	Time	Food eaten	Carbohydrate value (in grams)	Insulin – Novorapid (if given)	Blood sugar level (time)	Exercise (time & type)
Breakfast						
Snack						
Lunch						
Snack						
Dinner						
Snack						
Glargine or Levemir daily dose						

Day two

Name:

Hospital no:

Meal	Time	Food eaten	Carbohydrate value (in grams)	Insulin – Novorapid (if given)	Blood sugar level (time)	Exercise (time & type)
Breakfast						
Snack						
Lunch						
Snack						
Dinner						
Snack						
Glargine or Levemir daily dose						

Day three

Name:

Hospital no:

Meal	Time	Food eaten	Carbohydrate value (in grams)	Insulin – Novorapid (if given)	Blood sugar level (time)	Exercise (time & type)
Breakfast						
Snack						
Lunch						
Snack						
Dinner						
Snack						
Glargine or Levemir daily dose						

Day four

Name:

Hospital no:

Meal	Time	Food eaten	Carbohydrate value (in grams)	Insulin – Novorapid (if given)	Blood sugar level (time)	Exercise (time & type)
Breakfast						
Snack						
Lunch						
Snack						
Dinner						
Snack						
Glargine or Levemir daily dose						

Notes/recipes:

Produced by the department of nutrition and dietetics
023 8120 6072 www.uhs.nhs.uk

Ref: PCCFD0209 V1 – review 0211