

## Patient information

**Carbohydrate Counting Diary**

Therapies Department

**You are requested to fill in this diary, to determine if you are carbohydrate counting accurately and to look at your insulin to carbohydrate ratio in more detail.**

Please read and follow the following instructions when filling in this diary to help us get as accurate information as possible.

1. Use this diary to write down **everything** that you have to eat and drink each day.
2. To make your record accurate, try to fill in this diary at the time of having food or drinks, instead of leaving it for the end of the day.
3. If you leave long periods between your meals e.g. six hours you may benefit from doing an extra blood glucose test four hours after your insulin injection; for example
  - 8:15 Blood glucose test, insulin and breakfast.
  - 12:15 Blood glucose test.
  - 14:00 Blood glucose test, insulin and lunch.
4. Provide as much detail as possible about the types, amounts and preparation methods of food or drinks that you have such as;
  - Brand names e.g. yoghurt: Muller, Weight Watchers, etc.
  - Amount or portion size e.g. two small scoops of mash potato
  - Weight if available e.g. from packaging
  - Provide details of 'made up' dishes, e.g. Stew: lean beef, onions, carrots, potatoes, canned tomatoes
5. Include any exercise or activities such as shopping, going to the gym.



Date/Day.....

**Blood Glucose**

Pre Breakfast ..... Pre Lunch.....

Pre Evening Meal..... Pre Supper/Bed.....

**Additional Blood Glucose Testing**

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Time:		Time:		Time:	
Breakfast		Lunch		Evening Meal	
	CHO (g)		CHO (g)		CHO (g)
Insulin dose .....		Insulin dose .....		Insulin dose .....	

**Comments: (Snacks/Exercise/Hypo Treatment)**

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Date/Day.....

**Blood Glucose**

Pre Breakfast ..... Pre Lunch.....

Pre Evening Meal..... Pre Supper/Bed.....

**Additional Blood Glucose Testing**

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Time: Breakfast		Time: Lunch		Time: Evening Meal	
	CHO (g)		CHO (g)		CHO (g)
Insulin dose .....		Insulin dose .....		Insulin dose .....	

**Comments: (Snacks/Exercise/Hypo Treatment)**

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Date/Day.....

**Blood Glucose**

Pre Breakfast ..... Pre Lunch.....

Pre Evening Meal..... Pre Supper/Bed.....

**Additional Blood Glucose Testing**

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Time: Breakfast		Time: Lunch		Time: Evening Meal	
	CHO (g)		CHO (g)		CHO (g)
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**Comments: (Snacks/Exercise/Hypo Treatment)**

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Date/Day.....

**Blood Glucose**

Pre Breakfast ..... Pre Lunch.....

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	CHO (g)		CHO (g)		CHO (g)
Insulin dose .....		Insulin dose .....		Insulin dose .....	

**Comments: (Snacks/Exercise/Hypo Treatment)**

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Date/Day.....

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Pre Breakfast ..... Pre Lunch.....

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**Comments: (Snacks/Exercise/Hypo Treatment)**

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Date/Day.....

**Blood Glucose**

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	CHO (g)		CHO (g)		CHO (g)
Insulin dose .....		Insulin dose .....		Insulin dose .....	

**Comments: (Snacks/Exercise/Hypo Treatment)**

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Date/Day.....

**Blood Glucose**

Pre Breakfast ..... Pre Lunch.....

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**Additional Blood Glucose Testing**

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Time: Breakfast		Time: Lunch		Time: Evening Meal	
	CHO (g)		CHO (g)		CHO (g)
Insulin dose .....		Insulin dose .....		Insulin dose .....	

**Comments: (Snacks/Exercise/Hypo Treatment)**

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## Feedback

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

## Further information

### Dietitians:

**The Royal Liverpool Hospital:**

**Tel: 0151 706 2120**

**Text phone number: 18001 0151 706 2120**

### Diabetes Dietitians:

**The Royal Liverpool Hospital:**

**Tel: 0151 706 3050**

**Text phone number: 18001 0151 706 3050**

**Author: Therapies Department**

**Review Date March 2025**

All Trust approved information is available on request in alternative formats, including other languages, easy read, large print, audio, Braille, moon and electronically.

يمكن توفير جميع المعلومات المتعلقة بالمرضى الموافق عليهم من قبل انتمان المستشفى عند الطلب بصيغ أخرى، بما في ذلك لغات أخرى وبطرق تسهل قراءتها وبالحروف الطباعية الكبيرة وبالصوت وبطريقة برايل للمكفوفين وبطريقة مون والكترونيا.

所有經信托基金批准的患者資訊均可以其它格式提供，包括其它語言、易讀閱讀軟件、大字

體、音頻、盲文、穆恩體 ( Moon ) 盲文和電子格式，敬請索取。

در صورت تمایل میتوانید کلیه اطلاعات تصویب شده توسط اتحادیه در رابطه با بیماران را به اشکال مختلف در دسترس داشته باشید، از جمله به زبانهای دیگر، به زبان ساده، چاپ درشت، صوت، خط مخصوص کوران، مون و بصورت روی خطی موجود است.

زانیاری پیوندیدار بهو نهخوشانهی له لایمن تراستوهه پسماند کراون، نهگس داوا بکریث له فورماتکانی تر دا بریتی له زمانهکاتی تر، نیزی رید (هاسان خویندنهوه)، چاپی گموره، شریتی دهنگ، هیللی موون و نهلیکترونیکی همیه.

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Dhammaan warbixinta bukaanleyda ee Ururka ee la oggol yahay waxaa marka la codsado lagu heli karaa nuskhado kale, sida luqado kale, akhris fudud, far waaweyn, dhegeysi, farta braille ee dadka indhaha la', Moon iyo nidaam eletaroonig ah.