

The image features a dark blue background with two overlapping circles. The larger circle on the left is a golden-brown color, and the smaller circle on the right is a dark blue color. The text 'SEVEN DAY' is in a bold, white, sans-serif font, positioned on the golden-brown circle. The text 'FOOD JOURNAL' is in a white, cursive font, positioned across both circles.

SEVEN DAY
FOOD JOURNAL

GETTING THE MOST OUT OF YOUR JOURNAL

You have the power to take control and manage your prediabetes or diabetes. It can be a lot of work, but our care team is here to help guide you every step of the way! Much of diabetes management is about healthy eating and exercise. Writing down your daily food intake and your amount of physical activity can be helpful because it can show you how these things affect your blood glucose (blood sugar).

Use this journal to help you keep track of what you eat and how much activity you get each day. Start with small changes and you'll be surprised at how much of a difference they can make! Here are the instructions for the journal:

Fasting blood glucose:

Some patients should check their blood sugar every morning when they wake up. Your healthcare provider will tell you if you need to do this.

- » If you do have to check your blood sugar when you wake up, it should be done **before you eat or drink anything**.
- » Once you have your result, **write it down on the log** so that you do not forget!

Random blood glucose:

Some patients should check their blood sugar randomly throughout the day. Your healthcare provider will tell you if you need to do this. This should be done 1–2 hours after a meal. Once you have your result, write it down on the log so that you do not forget!

For **each meal** you should write down **the time you ate** and **what you ate**.

For **each drink** you should write down **how many ounces you drank**.

Exercise:

For exercise you should write down the following:

- » The **type of activity** you did (like running, biking, swimming, a quick or slow-paced walk)
- » The **amount of time** you spent exercising

	FASTING BLOOD GLUCOSE (CHECK BEFORE BREAKFAST)	FLUID INTAKE (IN OUNCES)	BREAKFAST	LUNCH	RANDOM BLOOD GLUCOSE	DINNER	SNACKS	EXERCISE
DAY 1	Time: _____ Value: _____	Coffee/Tea: _____ Water: _____ Juice: _____ Soda: _____ Milk: _____ Alcohol: _____	Time: _____	Time: _____	Time: _____ Value: _____	Time: _____	Time: _____	Time: _____ Length: _____ Type: _____
DAY 2	Time: _____ Value: _____	Coffee/Tea: _____ Water: _____ Juice: _____ Soda: _____ Milk: _____ Alcohol: _____	Time: _____	Time: _____	Time: _____ Value: _____	Time: _____	Time: _____	Time: _____ Length: _____ Type: _____
DAY 3	Time: _____ Value: _____	Coffee/Tea: _____ Water: _____ Juice: _____ Soda: _____ Milk: _____ Alcohol: _____	Time: _____	Time: _____	Time: _____ Value: _____	Time: _____	Time: _____	Time: _____ Length: _____ Type: _____
DAY 4	Time: _____ Value: _____	Coffee/Tea: _____ Water: _____ Juice: _____ Soda: _____ Milk: _____ Alcohol: _____	Time: _____	Time: _____	Time: _____ Value: _____	Time: _____	Time: _____	Time: _____ Length: _____ Type: _____
DAY 5	Time: _____ Value: _____	Coffee/Tea: _____ Water: _____ Juice: _____ Soda: _____ Milk: _____ Alcohol: _____	Time: _____	Time: _____	Time: _____ Value: _____	Time: _____	Time: _____	Time: _____ Length: _____ Type: _____
DAY 6	Time: _____ Value: _____	Coffee/Tea: _____ Water: _____ Juice: _____ Soda: _____ Milk: _____ Alcohol: _____	Time: _____	Time: _____	Time: _____ Value: _____	Time: _____	Time: _____	Time: _____ Length: _____ Type: _____
DAY 7	Time: _____ Value: _____	Coffee/Tea: _____ Water: _____ Juice: _____ Soda: _____ Milk: _____ Alcohol: _____	Time: _____	Time: _____	Time: _____ Value: _____	Time: _____	Time: _____	Time: _____ Length: _____ Type: _____