

CaroMont Diabetes Center

Individual Habits Information

Name: _____ Date: _____

A Usual Day....

	Time?	<i>What</i> did I eat and drink in the last 24 hours? (please put portion size)
Get Up		
Breakfast		
Snack		
Lunch		
Snack		
Supper		
Snack		
Go to Bed		

My usual work times: 1st Shift: _____ am - _____ pm
 2nd Shift: _____ pm - _____ pm
 3rd Shift: _____ pm - _____ am
 Split Shift: _____ am - _____ pm - _____ pm - _____ am

There are times when I go over 6 hours between meals. Yes/No

I have low blood sugars. Yes/No Usual time of my lows? _____ am _____ pm

I drink milk. Yes/No What kind? Skim / 1 % / 2% / Whole

When I am thirsty I drink sugar sweetened tea, regular soda, fruit juice or sports drinks. Yes/No

I want to lose weight? Yes/No I want to lose this much.. _____ My present weight is.. _____