



**Information from your Patient Aligned Care Team**

**Diabetes Self-Monitoring Form**

**Date:**

**Eating (Carbohydrates):**

<u>Food</u>	<u>Time</u>	<u>Carb Count</u>

**Medication:**

<u>Type</u>	<u>Amount</u>	<u>Time</u>

**Physical Activity:**

<u>Type</u>	<u>Duration</u>

**Blood Sugar Readings:**

**Blood Sugar**

**Time**

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**Stress Level Today (0-10 scale: 0=none, 10=severe):**

**Rating:**

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**Relevant Factors:**

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**Reference**

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Hunter, C.L., Goodie, J.L., Oordt, M.S., & Dobmeyer, A.C. (2017). *Integrated Behavioral Health in Primary Care: Step-by-step Guidance for Assessment and Intervention* (2nd ed.). American Psychological Association.