DIABETES IMPROVEMENT PROGRAM
VANDERBILT CENTER FOR DIABETES CARE

**NAME:** **PHONE:** **EMAIL ADDRESS:**

**DELIVER TO:**

| DAY/DATE: | BREAKFAST | | | LUNCH | | | DINNER | | | BEDTIME | | 2-3 AM: | EXERCISE: | MEDS: |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | BEFORE | CARBS | AFTER | BEFORE | CARBS | AFTER | BEFORE | CARBS | AFTER | BS | CARBS | | | |
| | | | | | | | | | | | | | | |
| AVERAGE: | | | | | | | | | | | | | | |
| DAY/DATE: | BREAKFAST | | | LUNCH | | | DINNER | | | BEDTIME | | 2-3 AM: | EXERCISE: | MEDS: |
| | BEFORE | CARBS | AFTER | BEFORE | CARBS | AFTER | BEFORE | CARBS | AFTER | BS | CARBS | | | |
| | | | | | | | | | | | | | | |
| AVERAGE: | | | | | | | | | | | | | | |
| Targets: | | | | | | | | | | | | | | |