

Blood Sugar Tracking Form

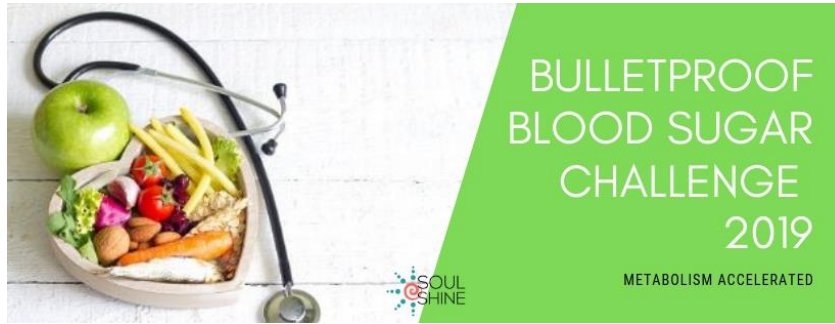
Week # _____

Instructions: This form will help you track your blood sugar over a period of three days (does not need to be consecutive) as follows:

- First thing in the morning, after at least 12 hours of fasting, before breakfast
- Just before lunch (no food between breakfast and lunch)
- 1 hour after that (no food in between)
- 1 hour after that (no food in between)

Record what you ate for lunch on those days, as well as how you felt at the times you took the measurements.

DAY ONE			
# of hours fasted			
# of hours slept			
Quality of sleep			
What you ate for breakfast			
What you ate for lunch			
	Time	Result (ng/mL)	How did you feel at the time of testing? (2-3 words or a phrase)
AM fasting			
Before Lunch			
1 hour after lunch			
2 hours after lunch			



DAY TWO			
# of hours fasted			
# of hours slept			
Quality of sleep			
What you ate for breakfast			
What you ate for lunch			
	Time	Result (ng/mL)	How did you feel at the time of testing? (2-3 words or a phrase)
AM fasting			
Before Lunch			
1 hour after lunch			
2 hours after lunch			

DAY THREE			
# of hours fasted			
# of hours slept			
Quality of sleep			
What you ate for breakfast			
What you ate for lunch			
	Time	Result (ng/mL)	How did you feel at the time of testing? (2-3 words or a phrase)
AM fasting			
Before Lunch			
1 hour after lunch			
2 hours after lunch			