**Name:……………………………**

**Day of the week and Date:………………….**

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| --- | --- | --- | --- |
| Time: | What did you ate and drunk; (+ amounts – in cups, ml, gram, Or in; mug, glass, breakfast plate, tablespoon, teaspoon, etc.): | Situation before measuring – Sport / sleep – stress / relaxed – how did you sleep today and for how long (how many hours – only note in the morning). | Glucose levels + Energy level (0= no energy, 10 = high energy) |
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