**Name:……………………………**

**Day of the week and Date:………………….**

|  |  |  |  |
| --- | --- | --- | --- |
| Time: | What did you ate and drunk(+ amounts – in cups, ml, gram, 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). | Glucoselevels + Energylevel (0= no energy, 10 = high energy) |
|  |  |  |  |