

### 3- DAY DIETARY RECALL

Wake Time: \_\_\_\_\_ Sleep Time: \_\_\_\_\_

**\*\*If Diabetic, please provide Morning Fasting Blood Sugar and Post-2 Hour Meal Blood Sugar levels after meals and snacks if accessible. Indicate insulin or diabetic meds in comment \*\***

## DAY 1

**Start Date:** \_\_\_\_\_

<b>**Fasting Blood Sugar level _____</b>	<b>TIME CONSUMED</b>	<b>TYPE OF FOODS OR BEVERAGE</b>	<b>AMOUNT i.e. Ounces, Cups, Tablespoon, Teaspoon, etc.</b>	<b>COMMENT: What was your mood during consumption? How did you feel afterwards?</b>
<b>BREAKFAST</b>				

Post-2 Hour Meal Blood Sugar levels \_\_\_\_\_

<b>MORNING SNACK</b>				

Post-2 Hour Meal Blood Sugar levels \_\_\_\_\_

<b>LUNCH</b>				

Post-2 Hour Meal Blood Sugar levels \_\_\_\_\_

<b>MIDDAY SNACK</b>				

Post-2 Hour Meal Blood Sugar levels \_\_\_\_\_

<b>DINNER</b>				

Post-2 Hour Meal Blood Sugar levels \_\_\_\_\_

<b>EVENING SNACK</b>				
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Wake Time: \_\_\_\_\_ Sleep Time: \_\_\_\_\_

**\*\*If Diabetic, please provide Morning Fasting Blood Sugar and Post-2 Hour Meal Blood Sugar levels after meals and snacks if accessible. Indicate insulin or diabetic meds in comment \*\***

## DAY 2

**Fasting Blood Sugar level _____	TIME CONSUMED	TYPE OF FOODS OR BEVERAGE	AMOUNT i.e. Ounces, Cups, Tablespoon, Teaspoon, etc.	COMMENT: What was your mood during consumption? How did you feel afterwards?
<b>BREAKFAST</b>				

Post-2 Hour Meal Blood Sugar levels \_\_\_\_\_

<b>MORNING SNACK</b>				

Post-2 Hour Meal Blood Sugar levels \_\_\_\_\_

<b>LUNCH</b>				

Post-2 Hour Meal Blood Sugar levels \_\_\_\_\_

<b>MIDDAY SNACK</b>				

Post-2 Hour Meal Blood Sugar levels \_\_\_\_\_

<b>DINNER</b>				

Post-2 Hour Meal Blood Sugar levels \_\_\_\_\_

<b>EVENING SNACK</b>				

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Post-2 Hour Meal Blood Sugar levels \_\_\_\_\_

Wake Time: \_\_\_\_\_ Sleep Time: \_\_\_\_\_

**\*\*If Diabetic, please provide Morning Fasting Blood Sugar and Post-2 Hour Meal Blood Sugar levels after meals and snacks if accessible. Indicate insulin or diabetic meds in comment \*\***

## DAY 3

<b>**Fasting Blood Sugar level_____</b>	<b>TIME CONSUMED</b>	<b>TYPE OF FOODS OR BEVERAGE</b>	<b>AMOUNT</b> i.e. Ounces, Cups, Tablespoon, Teaspoon, etc.	<b>COMMENT:</b> What was your mood during consumption? How did you feel afterwards?
<b>BREAKFAST</b>				

Post-2 Hour Meal Blood Sugar levels \_\_\_\_\_

<b>MORNING SNACK</b>				

Post-2 Hour Meal Blood Sugar levels \_\_\_\_\_

<b>LUNCH</b>				

Post-2 Hour Meal Blood Sugar levels \_\_\_\_\_

<b>MIDDAY SNACK</b>				

Post-2 Hour Meal Blood Sugar levels \_\_\_\_\_

<b>DINNER</b>				

Post-2 Hour Meal Blood Sugar levels \_\_\_\_\_

<b>EVENING SNACK</b>				
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**Post-2 Hour Meal Blood Sugar levels** \_\_\_\_\_