Diabetic Health Clinic Lifestyle Program
Juice Fast Record Worksheet

Name _______________________________________________

Date __________________________

Date of Blood Test __________________________

Morning Weight __________ KG

Total Sleep Time in Hours and Minutes __________

Please make records of your blood sugars meds and how you feel. It is important to complete all three
records for each day

1. Sugar Before Breakfast ______

Breakfast Juice ________________________________________ Volume in ml ______

Sugar 2 Hours After Breakfast ______

Meds taken Before or After meal Circle B or A. Med Type & Quantity __________________

Diary, Note down your reflections, how you feel etc.____________________________________

2. Sugar Before Lunch ______

Lunch Juice __________________________________________ Volume in ml ______

Sugar 2 Hours After Lunch ______

Meds taken Before or After meal Circle B or A. Med Type & Quantity __________________

Diary: Note down your reflections, how you feel etc.____________________________________

3. Sugar Before Dinner ______

Dinner Juice ________________________________________ Volume in ml ______

Sugar 2 Hours After Dinner ______

Meds taken Before or After meal Circle B or A. Med Type & Quantity __________________

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