

NAME \_\_\_\_\_

## LABORATORY 3 DATA SHEET – WEEK 1

DATE \_\_\_\_\_

Participant ID (no names) \_\_\_\_\_

Food/Drink Selection and Calculations			
	Food/Drink Type	Dose (30 or 60 g CHO)	Calculated Food Amount with units
Low Glycemic Index			
High Glycemic Index			

### Food Calculations

### Scheduling and Controls for Weeks 2 and 3

NAME

## LABORATORY 3 DATA SHEET - WEEK 2

Participant ID (no names) \_\_\_\_\_

**Food/Drink Type and Amount for Ingestion:**

**Exercise Mode and Intensity:**

Exercise Condition			
Time	Blood Glucose	RPE	Notes
T0			
T10			
T20			
T40			

Participant ID (no names) \_\_\_\_\_

**Food/Drink Type and Amount for Ingestion:**

No Exercise Condition		
Time	Blood Glucose	Notes
T0		
T20		
T40		

NAME \_\_\_\_\_

## LABORATORY 3 DATA SHEET - WEEK 3

Participant ID (no names) \_\_\_\_\_

**Food/Drink Type and Amount for Ingestion:**

**Exercise Mode and Intensity:**

Exercise Condition			
Time	Blood Glucose	RPE	Notes
T0			
T10			
T20			
T40			

Participant ID (no names) \_\_\_\_\_

**Food/Drink Type and Amount for Ingestion:**

No Exercise Condition		
Time	Blood Glucose	Notes
T0		
T20		
T40		

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NAME

## LABORATORY 3 DATA SHEET - NOTES