

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		

NAME

LABORATORY 3 DATA SHEET - NOTES