

## The D-Diet feedback form

It is very important that you follow the diet completely and fill in the feedback form consistently. Please also make sure you are in touch with your doctor in case your medication needs adjusting.

Please enter your name and address here: \_\_\_\_\_

Day	<b>Blood sugar readings</b> Please, enter a value whenever you test your blood together with a note on how long before/after a meal/snack it was.  <b>Weight</b> (whenever you weigh yourself) – optional	<b>Diet adherence</b> – notes on slip-ups and difficulties	<b>Physical activity</b> - type and duration	<b>Other</b> – feedback on overall health, pain, etc.
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