

Cystic Fibrosis Nutrition Record

Name _____ Date _____

Day	Meal	Food and Fluid <i>(include supplements, feed, etc)</i>	Enzymes <i>(type, number)</i>	Blood Glucose Level		Insulin <i>(type, dose)</i>	Comments <i>(exercise, etc)</i>
				Before meal	2hr after meal		
	Breakfast						
	Morning						
	Lunch						
	Afternoon						
	Dinner						
	After Dinner						