

Name of Participant: _____ Email: _____

Primary Doctor: _____ DOB: _____ Height: _____ Ideal Wt: _____ Phone: _____

MONTH / YEAR: _____

| DAY: | SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY |
|--|--------|--------|---------|-----------|----------|--------|----------|
| DATE: | | | | | | | |
| Weight / BMI | / | / | / | / | / | / | / |
| Waist | | | | | | | |
| Blood Pressure, [pulse] | / [] | / [] | / [] | / [] | / [] | / [] | / [] |
| Fasting Blood Sugar | | | | | | | |
| Before Breakfast BREAKFAST Snack | I | | | | | | |
| | II | | | | | | |
| | III | | | | | | |
| 2-hr PP Blood Sugar | | | | | | | |
| LUNCH Snack | I | | | | | | |
| | II | | | | | | |
| | III | | | | | | |
| 2-hr PP Blood Sugar | | | | | | | |
| DINNER Snack | I | | | | | | |
| | II | | | | | | |
| | III | | | | | | |
| 2-hr PP Blood Sugar | | | | | | | |
| EXERCISE (type / duration) | | | | | | | |
| WATER | | | | | | | |
| SUNSHINE / Fresh AIR | | | | | | | |
| TEMPERANCE <small>[avoid trouble-makers: caffeine, nicotine, etc.]</small> | | | | | | | |
| REST (bedtime / #hrs) | | | | | | | |
| Thank / Trust God / Joy | | | | | | | |
| SYMPTOMS (Performance) | | | | | | | |
| Energy Clarity Emotion | | | | | | | |
| Cardio Pulm Edema Skin | | | | | | | |
| Appetite/Digestive Urinary | | | | | | | |
| Muscle/Joint Nerve Pain | | | | | | | |