

## **Glucose Tracking**

## PLEASE READ THE FOLLOWING CAREFULLY TO MAKE YOUR TRACKING DOCUMENT MOST USEFUL

- \* Record all food, water, and other beverage intake. Be as detailed as you can. Include portion size and preparation (i.e. raw, steamed, fried, baked, etc.) as closely as possible. Also record beverages, fats, oils, and condiments (i.e. dressings, mayonnaise, etc.) and indicate emotional state during each meal.
- \* For exercise record the specific activity (i.e. walking, running, weight lifting), length of time, and intensity.
- \* Note when you do appreciation and breathing exercise (HeartMath) in the emotional state column.
- \* Record any symptoms you experience throughout the day along with the time and whether or not the symptoms appear to be associated with food. For example, if you eat breakfast at 9:00 am, have a headache at 11:00 am and eat lunch at 12:00 pm, there would be three entries in your chart, one for each time.

Record glucose at the following intervals after meals and exercise

\* If you have a glucose meter, record your glucose level before you eat, right after you eat, and then every 15 minutes up to 1 hour. Then record your glucose every hour for 5 hours or your next meal. Ideally your meals should be spaced 5 hours apart, but that may take some time to accomplish.

\* Record as many days as you can. Keep it low stress. If you miss a few meals, note it and move on. Try to remember as best you can, but keep calm and cool about it.

Client Name	е		Coach Name													Record glucose at the following intervals after meals and exercise								
		, and symptoms from 0-10, where 0=none, 1=minimum, and 10=maximum. Insert an entry for each bowel movement with time of day and indicate in box: the color, ess (approx. finger widths), and consistency (H=Hard, S=Soft, WF=Well Formed, W=Watery). For other, describe. Example (ideal): greenish brown, L,3,S,WF. For pain, note													15 min	30 min	45 min	1 hour	2 hour	3 hour	4 hour	5 hour		
location. Fo	or digestion,	note specifi	c symptoms	or areas of	discomfort.																			
Date	Time	Energy Before	Emotional State	Pulse Before	Glucose Prior	Foods & Beverages or Exercise Done (note qty & details)	Water (oz.)	Pulse After	Energy After	Bowel Mvmt	Digestion	Pain (location)	Other Symptoms (list & rate 1-10)	Time/ Glucose	Time/ Glucose	Time/ Glucose	Time/ Glucose	Time/ Glucose	Time/ Glucose	Time/ Glucose	Time/ Glucose	Time/ Glucose		
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