

Weather:  63

Pollen Count: \_\_\_\_\_

Date: 05/07/16 M T W Th **F** Sa Su


## Sample Completed Daily Record

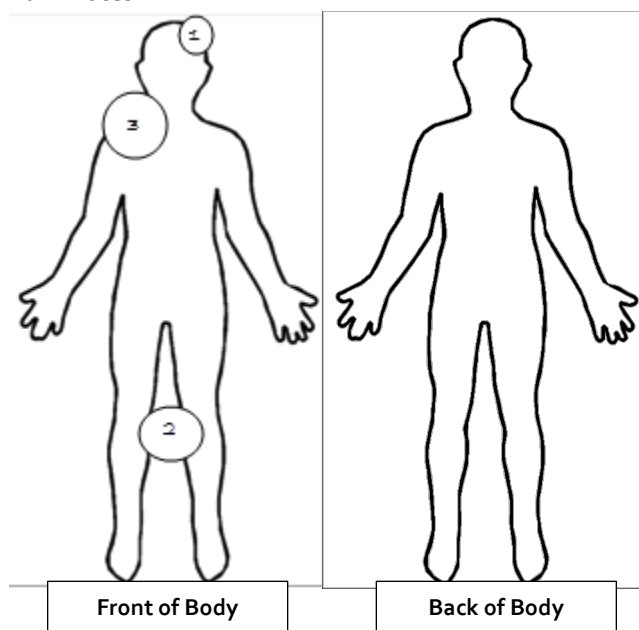
**Sleep Tracker:** Bed time: 9:30 Wake time: 8am Feel rested upon waking? no Did you take a sleep aid? melatonin What did you do before bed? (TV, read, phone...) read 1/2 hour How long did it take you to fall asleep? 30 min How many times did you wake up? 2 Why did you wake up? (bathroom, pain, thirsty...) bathroom, pain Night sweats? y Total hours slept: 10.5 Naps (times & duration): 11am, 1 hr and 3:30pm, 1 hr.

**Complete chart:** s=sleep; a=awake

8pm	9pm	10pm	11pm	12pm	1am	2am	3am	4am	5am	6am	7am	8am	9am
\	\	\	s	s	s	a	s	s	s	s	a	s	\

**How was your appetite?** normal

<b>Water Intake</b> 			
<b>Breakfast (Time <u>9</u>)</b>		<b>Lunch (Time <u>1:15</u>)</b>	
Coffee GF toast with "butter" apple		Apple with peanut butter Small salad	
<b>Dinner (Time <u>6:15</u>)</b>		<b>Snacks (Note Times)</b>	
Applebee's Hamburger no bun Sweet potato fries		Kind bar - noon Banana - 3pm	
<b>AM Blood Sugar:</b> _____		<b>AM Blood Pressure:</b> _____	
<b>PM Blood Sugar:</b> _____		<b>PM Blood Pressure:</b> _____	
<b>Special Food Notes:</b> <u>stayed Gluten Free but need to watch protein</u>			
<b>Exercise</b>		<b>Minutes/Reps</b>	
Walked the dogs Yoga stretches		20 min 10 min	
<b>Notes</b>			
Had pain in my knee			

**Pain Notes:**

Sequentially number where you feel pain. Below, list the number and rate it on scale of 1 -10. Note time of onset, duration, quality of pain (burning, stabbing...), after a particular activity, and if anything helped it. **See page 40.**

1 - sharp pain (3) in temple, started when I woke up, went away after I had a glass of water

2 - the lower inner part of my knee hurt (4) when I was walking the dogs. Massage helped. Went away on its own.

3 - right shoulder hurt after sitting at the computer for 30 minutes. ?Hurt until bed (5). Aleve and heat helped some.

Overall: Poor ←-----X-----→ Good

**Any medication/supplement changes today?**

PRN		Added		Removed	
Medication	Dosage	Medication/Supplement	Dosage	Medication/Supplement	Dosage
Aleve	200mg	Increased Gabapentin	1 tab		

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**Body Symptoms (Note time of onset) See page 53.**

Ears / Eyes / Nose	Tinnitus (6:15pm)
Mouth / Throat	Noticed some canker sores
Head / Neck	Dizzy spell (6:30pm)
<u>Body</u> : Shoulders / Arms / Hands	Sore right shoulder
Back / Hips	
Legs / Feet	Knees sore with walking
Heart / Circulatory / Respiratory	
Digestive / Elimination	A little gassy
Male / Female Organs	
Skin	Back very itchy (too much sugar?)
Cognitive / Behavior / Mood	
Sleep / Rest	Slept too much! 11 hours!
Other	

Nicotine? no Alcohol? no Caffeine? 1 c. coffee, am

(Please note type and amount.)

Did you:

- Shower? yes
- Dress? yes
- Leave the house? yes For how long? 2 hrs
- Pursue a hobby? worked on photos

**I am grateful for:** the fact that the Aleve worked, fuzzy dogs that need to be walked.

**Energy Tracker - Scale of 1 (low)-10 (high)**

6-9am 1 ←-----X-----→ 10

Notes: \_\_\_\_\_

9-12am 1 ←-----X-----→ 10

Notes: \_\_\_\_\_

12-3pm 1 ←-----X-----→ 10

Notes: \_\_\_\_\_

3-6pm 1 ←-----X-----→ 10

Notes: \_\_\_\_\_

6-10pm 1 ←-----X-----→ 10

Notes: Fairly low energy today. Best from 11 - 2.

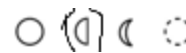
**Symptom Triggers?** (Emotional, situational, physical, environmental irritants)

didn't drink much water today or yesterday. Boy-friend is losing job.

List any **health factors/practices** that you engaged in. See page 70.

10 min. meditation, 20 minute walk, 10 min. yoga, aromatherapy while working on computer for focus.

**Moon Phase:**



**Other notes:**

Need to call Dr. about the headaches I've been having each morning. Is it dehydration or is there something else going on?