



_____'s Measurement Log
Rate the prior day each morning.

MONTH OF:												
Measure	S	weight	morning rating					prior day				Note on Back
			am Temp	am Pulse	am BP	am pH urine	am pH saliva	sleep/energy	calm	pain	gut	
Note	S							calm	relief	gut		
Date, Weekday												
1	31											
2	30											
3	29											
4	28											
5	27											
6	26											
7	25											
8	24											
9	23											
10	22											
11	21											
12	20											
13	19											
14	18											
15	17											
16	16											
17	15											
18	14											
19	13											
20	12											
21	11											
22	10											
23	9											
24	8											
25	7											
26	6											
27	5											
28	4											
29	3											
30	2											
31	1											

Notes: **calm** = absence of anxiety, 10 is best; **gut**: see scale B, only list values not at 10; **scale**: bioelectric impedance assessment (BIA) scale can provide helpful daily data S: if entering into spreadsheet, record in reverse chronological order (most recent top and left)
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Sample Scales:

(A) Relief (Pain)
10 = pain free
5 = need med
0 =

B) Gut:
H10 = no heartburn, H5=med H0=cant eat
G10 = no belch/gas, G5=med, G0= horrible
B10= no bloat, B0 = severe bloat
S10 = stools solid, S0 = water,
C10= control/urgency, C0 = no control
P10 = painfree, P5 = med, PO = not functional

(C) Wellness/Energy
10 = Excellent; Can do anything
5 = Some limitations
1 = Stay in bed

(D) Sleep
10 = full night, refreshed
1 = multiple interruptions, not refreshed

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