

From UNDERSTANDING  
to *Knowing*



Unlocking your Path to Optimal Health

**TRACKING FORMS**

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# Listening to your body...

## Questionnaire

Rate the following questions on a scale of 0-5 (0 being “not at all” and 5 being “most severe”)

Question	Your score: 0 - 5
Do you crave sweets or alcohol?	
Do you crave breads?	
Do you experience mood fluctuations?	
Are you depressed?	
Are you feeling stressed out?	
Do you get headaches or migraines?	
Do you experience indigestion, gas or bloating?	
Do you experience heart-burn?	
Do you have elevated blood pressure?	
Do you have any skin concerns (acne, eczema, etc...)?	
Do you require any prescription medications? (0=no, 5=yes)	
Are you overweight?	
Do you have troubles falling or staying asleep?	
Do you experience muscle/joint aches and pains?	
Do you experience nasal or sinus congestion?	
Do you have low energy and feel lethargic?	
Do you have troubles turning your mind off when it is time to relax or sleep?	
Do you have bad breath?	
Do you have constipation or diarrhea?	
Are you sensitive to various smells and perfumes?	
What is your current level of stress?	
Do you feel bored, or a lack of purpose in life?	
Do you eat less than 1 piece of fruit or 2 colorful veggies/day?	

Questionnaire continued next page...

# Listening to your body...

Question	Your score: 0 - 5
Do you have brain fog or troubles with your memory?	
Do you have hemorrhoids?	
Do you get frequent colds, or other types of infections (including yeast)?	
Do you feel refreshed and ready to start your day each morning? (0=very refreshed, 5 = very un-refreshed)	
Do you crave salty foods?	
Do you experience hormonal symptoms related to your menstrual cycle?	
Do you experience shortness of breath?	
Do you experience a loss in your sex drive?	
<b>YOUR SCORE TOTAL</b>	

## Tally up your score:

If you scored more than 20 points then your body is desperately trying to get your attention.

The next step is to **USE this awareness** to shine a light on these symptoms and figure out what is actually going on. What are the triggers and aggravating factors causing these symptoms in the first place? How far off track are you and what is necessary to get things back into optimal zones?

Awareness is an extremely valuable tool. It guides us to find those triggers and aggravating factors that are ultimately at the root of the problem. I love the saying, *“What we focus on expands.”* Pertaining to our health, the more we focus on our health and how to feel better, the more of this we will create in our lives. A good comparison is when we find ourselves knee deep in “keeping track” of our finances. You sit down with the facts and look over all the details. We become aware of how our money has been used... yet more importantly we often discover hidden things that have fallen **outside of our awareness** - or that we chose to ignore altogether. So, with regards to our health, it is imperative that we discover all of our own personal details, including those things that are off our radar... or we just don't want to look at. This enables you to reveal the root of your challenges and in turn create a more healthy and fulfilling future.

**On the following pages you will find a series of tracking forms.** These forms are an effective and easy way to track your daily food intake as well as discover a number of important health determinants. This information brings you a renewed understanding of your current lifestyle - and how your body is responding to it. These discoveries in combination with the results of your completed Lab Tests, will offer you many tools and solutions to make your positive personal shift.

# Tracking My Daily Progress

Name: \_\_\_\_\_ Date: \_\_\_\_\_

For any scale from 1-10, assume that 1 = very low or bad and 10 = very good or high.  
 The only exception is for Stress where 1 = very low stress and 10 = very high stress.

Date	Temp AM	Energy 1-10	# BM today	Exercise minutes	My Mood 1-10	Digestion 1-10	Stress! 1-10	Sleep 1-10	First morning urine pH	Other things I noticed about today

# Tracking My Weekly Progress

(same morning per week. For example: every Tuesday)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

<i>Date</i>	<i>Blood Pressure</i>	<i>Morning Heart Rate</i>	<i>Waist to Hip Ratio</i>	<i>Weight</i>	<i>Other things I noticed about today</i>

# Daily Food Journal

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Tracking	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<i>Breakfast</i>							
<i>Snack</i>							
<i>Lunch</i>							
<i>Snack</i>							
<i>Dinner</i>							
<i>Snack</i>							
<i>Mood, energy &amp; Symptoms</i>							
<i>Number of Bowel Movements</i>							