

DIET/PULSE RECORD

Name: _____

Date: _____

I. WAKING _____ / _____ (Take your pulse for 1 full minute; first laying down and then again sitting up.)

All pulse counts below are to be taken while sitting and for 1 full minute.

II. BREAKFAST <i>Before:</i> _____ <i>After:</i> 30 min. _____ 60 min. _____ 90 min. _____	<u>Menu:</u>	<u>*Feeling/Activities:</u>
III. LUNCH <i>Before:</i> _____ <i>After:</i> 30 min. _____ 60 min. _____ 90 min. _____	<u>Menu:</u>	<u>*Feeling/Activities:</u>
IV. DINNER <i>Before:</i> _____ <i>After:</i> 30 min. _____ 60 min. _____ 90 min. _____	<u>Menu:</u>	<u>*Feeling/Activities:</u>

V. BEDTIME _____ (Take pulse sitting up.)

***Note:** List the following in the Feeling/Activity area:

<u>Cravings</u> (examples: salt, sweet, chocolate, etc.)	<i>Mood</i>	<i>BM Activity</i>
Headache	Congestion	Urinary frequency
	Energy	