



1. Complete all measurements at the start of the day, (or at the same time each day).
2. All blood tests are fasting (no food or liquids including tea/coffee). You may drink water only.
3. If not fasting make a note. Fasting Blood Glucose required at the start and end of the program.
4. Request a copy of blood results to assist with accurate data entry.

		MEASUREMENT (CM OR KG)				
HEIGHT <ul style="list-style-type: none"> - Have someone take your height - Remove shoes - Stand with heels, buttock, upper back and head resting against a wall - Rest a book lightly on the top of the head and square it with the wall - Mark lightly under the book - Record height in cm 		<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>				
WEIGHT <ul style="list-style-type: none"> - Use same scales each time - Measure weight preferably without clothing and shoes - Measure before eating and drinking (or take at same time each day) 		<p>.....</p> <p>.....</p> <p>.....</p>				
WAIST MEASUREMENT <ul style="list-style-type: none"> - Measure over light or no clothing - Find top of hip bone and bottom of ribs - Breath out normally - Place tape measure midway between hip and ribs and wrap around waist - Record measurement in cm 		<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>				
BLOOD PRESSURE: <ul style="list-style-type: none"> - Prepare blood pressure machine - Have person sit quietly for 10 mins before taking a reading - Record: <table style="margin-left: 40px; border: none;"> <tr> <td style="padding-right: 20px;">Systolic</td> <td>(top number)</td> </tr> <tr> <td>Diastolic</td> <td>(lower number)</td> </tr> </table> 		Systolic	(top number)	Diastolic	(lower number)	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
Systolic	(top number)					
Diastolic	(lower number)					
PULSE (Resting Pulse Rate) <ul style="list-style-type: none"> - Have person sit quietly for 10 mins before taking a pulse reading. 		<p>.....</p> <p>.....</p>				
BLOOD TESTS RESULTS (Optional) <ul style="list-style-type: none"> - Recommended blood tests required include: <ol style="list-style-type: none"> 1. Fasting blood glucose 2. HDL 3. LDL 4. Triglycerides 5. Triglyceride:HDL Ratio (Triglyceride ___ ÷ HDL ___ = ___ TG:HDL Ratio) 6. Total Cholesterol 7. (HbA1c) may also be tested 		<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>				