Metabolic Intelligence Program

Real Data. Real Awareness. Real Change

Welcome to Your Metabolic Intelligence Tracker

I am so delighted you have decided to participate in this program. Over the next six weeks, you will have the opportunity to learn more about your body, your habits, your patterns, and the daily choices that influence your health.

While this program uses blood sugar patterns and your omega 3/6 ratio as important tools, this journey is about much more than numbers. These tools simply help us see what is often hidden. They give us valuable information about how food, sleep, stress, movement, hydration, and even toxic burden may be affecting the way your body functions.

Think of this tracker as a place of discovery. It is not about judgment, guilt, or doing everything perfectly. It is about paying attention, asking better questions, and learning how your body responds in real life.

Each day, you will have a chance to notice what supports your energy, mood, sleep, cravings, focus, digestion, blood sugar balance, and overall well-being. Small observations can lead to powerful changes.

My hope is that by the end of this program, you will feel more confident, more informed, and more connected to your body. You will begin to see how small, sustainable changes can create meaningful improvements in your health.

I am here to guide, encourage, and support you along the way, and I cannot wait to see what you discover.

This is not about perfection. It is about discovery, awareness, and learning how to better support your body.

Baseline Information

Please take time to enter the following baseline information before starting your program. Some answers you may know, others you can easily obtain, some might not be accessible at this time. You will receive e-mails with information on how to take measurements.

Weight _____

Blood Pressure_____

Pulse_____

Cholesterol_____

Waistline Measurement _____ Hip Measurement _____ Arm Measurement _____

Thigh Measurement_____ Chest Measurement _____

BMI_____

WHR_____

Personal notes:

There are a few tips on how to measure and assess your body:

- **Arm and thigh measurement:** Wrap a tape measure around the midpoint between your elbow and shoulder. Measure the largest part of your thigh. The tape measure should touch the skin but not be pulled tightly so it indents into the skin.
- **Waist measurement:** Wrap a tape measure around your waist just above your hip bones. For women, 35 inches or more means you're at risk for health problems stemming from visceral fat. For men, the number is 40 inches or more.
- **Waist-to-hip ratio:** Measure your waist size and your hip size (wrap a tape measure around the widest part of your hips). Divide your waist size by your hip size. A waist-to-hip ratio higher than 0.85 in women and 0.90 in men indicates abdominal obesity.
- **Body mass index (BMI):** BMI measures your body fat based on your height and weight. A BMI of 30 or more (in men and women) indicates you may be overweight and could have a higher level of visceral fat.
- **Waist-height ratio:** Divide your waist size by your height. A healthy ratio is no greater than 0.5 (in men and women). Some healthcare providers prefer the waist-height ratio. Other methods aren't as accurate at distinguishing between visceral and subcutaneous fat.

Metabolic Intelligence Program Questionnaire

It is important to get a baseline of how you feel before you start a Healthy Reboot Program. This will help identify signs and symptoms of areas where your body is under stress or "dis-ease." Symptoms are a warning sign that something is out of balance. Be honest about your answers. You will complete this questionnaire two more times. You will be surprised how making a few changes affects so many body systems.

Rating Scale:
0 - I never have this happen
1 - I occasionally have it (1 – 4 times a month), but it is not severe
2 - I occasionally have it (1-4 times a month), and the effect is severe
3 - I frequently have it (1 or more times a week), but it is not severe
4 - I frequently have it (1 or more times a week), the effect is severe

Head
__ Headaches
__ Dizziness
__ Insomnia
__ Faintness
____ Total

Ears
__ Itchy ears
__ Ringing in ears/ loss of hearing
__ Earaches/ ear infections
__ Drainage from the ear
____ Total

Eyes
__ Bags or dark circles under eyes
__ Watery or itchy eyes
__ Swollen, reddened, or sticky eyelids
__ Blurred or tunnel vision (excluding near or far sightedness)
____ Total

Nose
__ Stuffy nose
__ Sinus congestion, sinus infection
__Constant sneezing
__ Hay fever/ allergies
__ Excess mucus formation
____ Total

Mouth/ Throat
__ Chronic coughing
__ Sore throat, hoarseness, loss of voice
__ Gagging, frequent need to clear throat
__ Swollen tongue, gums, or lips
__ Swollen lymph nodes
__ Canker sores, mouth ulcers
____ Total

Heart
__ Chest pain
__ Irregular or skipped heartbeat
__ Rapid or pounding heartbeat
____ Total

Lungs
__ Asthma, bronchitis
__ Chest congestion
__ Shortness of breath
__ Difficulty breathing
____ Total

Skin
__ Acne or brown "age/liver spots"
__ Hives, rashes, cysts, boils
__ Eczema or psoriasis
__ Itchy skin/ dermatitis
__ Hair loss, hair thinning
__ Body odor
__ Excessive sweating
____ Total

Weight
__Underweight
__ Overweight
__ Difficulty losing weight
__ Crave certain foods
____ Total

Joints/Muscles
__ Pain or aches in joints or lower back
__ Stiffness or limitation of movement
__ Arthritis
__ Pain or aches in muscles
____ Total

Mental/Emotional
__ Poor memory
__ Brain Fog
__ Difficulty concentrating
__ Mood swings
__ Depression
__ Anxiety, fear, or nervousness
__ Anger, irritability, or aggressiveness
__ Insomnia
____ Total

Energy Level
__ Fatigue/ low energy/sluggishness
__ Restlessness
__ Hyperactivity
__ Feeling of weakness
__ Hard to wake up in the morning
____ Total

Digestive Tract
__ Nausea, vomiting
__ Diarrhea
__ Constipation
__ Bloated feeling
__ Belching, passing gas
__ Heartburn
__ Intestinal/ stomach pain
____ Total

Other
__ PMS
__ Frequent colds, flu
__ Chemical or environmental sensitivities
__ Food allergies/ sensitivities
__ Hot flashes
____ Total

Add up the numbers from each section and write the section total in the spaces provided, then add all the section totals together and put that total in the space below.

_____ Grand Total

Were you surprised at your total score? Why?
_____
_____
_____

How did you feel as you were answering the questions?
_____
_____
_____
_____

If you had a score above 40, what do you believe is the root cause(s) of your symptoms?
_____
_____
_____
_____

What actions can you take to lower your score?
_____
_____
_____
_____

*Note – this questionnaire is not designed to treat, diagnose or cure. It is to create an awareness of your overall health. These are all potential signals the body is out of balance.

Week 1

Preparation Week Tracking

This week you will begin tracking many aspects of your life. It is important you do not change anything you are doing - just track! This will include your sleep, exercise, stress level, bowel movements, how much water you drink and most importantly, the types of foods and ingredients you are consuming. This means reading EVERY label!

I like to call this "Discovery Week" because most people are surprised by what ingredients are hiding in the foods they eat, how little sleep they get or how many days they exercise.

Here are a few tips to help you succeed:

- Try to keep your journal pages with you and track throughout the day. I understand you are busy, and this can be challenging, but the more you journal, the more successful you will be.
- Tracking this first week includes tracking carbs and sugars. This will change on Day 8 to more traditional journaling.
- You will rate your day two ways using a scale of 1 -10. 1 being poor and 10 being great. First, you will rate your overall energy level. Second, you will have an overall daily rating. Picture what your scale will look and feel like – this is an individual process.
- Energy levels are greatly affected by a body out of sugar balance, parasites, and heavy metal. Inflammation may also play a role in energy. Track your energy levels each day. Improvements can be subtle.
- Carefully read each label! Bread, crackers, salad dressings, barbeque sauces, chocolate, condiments, gluten free alternative foods and gravies often contain gluten, corn, soy or vegetable oils. Monitor sugar, carbohydrates and seed oil consumption.
- Examine the labels on protein powders, protein bars, snack bars, trail mixes and specialty drinks for hidden ingredients like sugar, soy, isolates or alternative sweeteners. This is a good time to monitor these things as well.
- Note any takeout restaurant or prepared store meals.
- Try to quickly get into the habit of journaling how you feel. This includes your emotional state, any brain fog, joint pain, digestive discomfort, etc. You want to become in-tune with your body.
- There is an "About My Day" journaling spot. This is a place for you to reflect on events, stressors, how you handle them, more on the emotions you feel or whatever else you want to write about. This is your journey, write whatever comes to you.
- Be sure to write an Attitude of Gratitude on your tracker sheet. This has been known to create a more positive energy in your life.

Journaling will help you uncover areas of your lifestyle you might need to change. Try to make it fun, not a chore. Use it to really dig deep into how you feel, what you do and why you do it. Give it your full attention - It is only for a short time.

Metabolic Intelligence Program – Day 1

"The first step towards getting somewhere is to decide you're not going to stay where you are." – J.P. Morgan

Rise🕗_____Bedtime🕗_____ Total Sleep____ Quality of Sleep_____
BM __ __ __ __ __ __ Notes_____

Water ▽ ▽ ▽ ▽ ▽ ▽ ▽ ▽ Total amount of water (ounces) _____

Wake up Body and Mind Scan - How do I feel?

_____
_____ _____

Track your sugar and carbohydrate intake
Breakfast _____
_____
Snack_____
_____
Lunch_____
_____
Snack_____
_____
Dinner_____
_____
Snack_____
_____

About My Day

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_____

Bedtime Body and Mind Scan - How do I feel?

_____
_____
_____

Exercise today _____
Stress Release_____

Attitude of Gratitude

_____

What do I need to do to succeed in this program?

_____
_____
_____

Rate your day Use a scale of from 1 – 10 (1 = poor to 10 = great) _____

Metabolic Intelligence Program – Day 2

"Health is a state of complete harmony of the body, mind and spirit." -B.K.S. Iyengar

Rise🕗_____Bedtime🕗_____ Total Sleep____ Quality of Sleep_____ BM __ __ __ __ __ __
Notes_____

Water ▽ ▽ ▽ ▽ ▽ ▽ ▽ ▽ Total amount of water (ounces) _____

Wake up Body and Mind Scan - How do I feel?

_____
_____ _____

Track your sugar and carbohydrate intake
Breakfast _____
_____
Snack_____
_____
Lunch_____
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Snack_____
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Dinner_____
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Snack_____
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About My Day

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Bedtime Body and Mind Scan - How do I feel?

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Exercise today _____
Stress Release_____

Attitude of Gratitude

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Rate your day Use a scale of from 1 – 10 (1 = poor to 10 = great) _____

Metabolic Intelligence Program – Day 3

" Total Load" refers to the total number of factors or "burdens" that are involved in causing dis-ease or preventing you from getting well or staying well – Frank Lipman, MD

Rise🕗_____Bedtime🕗_____ Total Sleep____ Quality of Sleep_____
BM __ __ __ __ __ __ Notes_____

Water ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ Total amount of water (ounces) _____

Wake up Body and Mind Scan - How do I feel?

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_____ _____

Track your sugar and carbohydrate intake
Breakfast _____
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Snack_____
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Lunch_____
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Snack_____
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Dinner_____
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Snack_____
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About My Day

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Bedtime Body and Mind Scan - How do I feel?

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Exercise today _____
Stress Release_____

Attitude of Gratitude

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Rate your day Use a scale of from 1 – 10 (1 = poor to 10 = great) **Energy** _____**Overall Body**_____

Metabolic Intelligence Program – Day 4

Symptoms are not diseases. Symptoms are generally an expression of the body in its attempt to adapt to the stressors that are imposed upon it – Charles Gant, MD, PhD

Rise🕗_____Bedtime🕗_____ Total Sleep____ Quality of Sleep_____
BM __ __ __ __ __ __ Notes_____

Water ▽ ▽ ▽ ▽ ▽ ▽ ▽ ▽ Total amount of water (ounces) _____

Wake up Body and Mind Scan - How do I feel?

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_____ _____

Track your sugar and carbohydrate intake
Breakfast _____
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Snack_____
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Lunch_____
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Snack_____
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Dinner_____
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Snack_____
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About My Day

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Bedtime Body and Mind Scan - How do I feel?

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Exercise today _____
Stress Release_____

Attitude of Gratitude

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Rate your day Use a scale of from 1 – 10 (1 = poor to 10 = great) **Energy** _____**Overall Body**_____

Metabolic Intelligence Program – Day 5

Detoxification is what your body does naturally to neutralize, transform or get rid of unwanted materials or toxins – Frank Lipman, MD

Rise🕗_____Bedtime🕗_____ Total Sleep____ Quality of Sleep_____
BM __ __ __ __ __ __ Notes_____

Water ▽ ▽ ▽ ▽ ▽ ▽ ▽ ▽ Total amount of water (ounces) _____

Wake up Body and Mind Scan - How do I feel?

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_____ _____

Track your sugar and carbohydrate intake
Breakfast _____
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Snack_____
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Lunch_____
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Snack_____
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Dinner_____
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Snack_____
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About My Day

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Bedtime Body and Mind Scan - How do I feel?

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Exercise today _____
Stress Release_____

Attitude of Gratitude

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Rate your day Use a scale of from 1 – 10 (1 = poor to 10 = great) **Energy** _____**Overall Body**_____

Metabolic Intelligence Program – Day 6

"The only way to make sense out of change is to plunge into it, move with it, and join the dance." – Alan Watts, MD

Rise🕗_____Bedtime🕗_____ Total Sleep____ Quality of Sleep_____
BM __ __ __ __ __ __ Notes_____

Water ▽ ▽ ▽ ▽ ▽ ▽ ▽ ▽ Total amount of water (ounces) _____

Wake up Body and Mind Scan - How do I feel?

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_____ _____

Track your sugar and carbohydrate intake
Breakfast _____
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Snack_____
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Lunch_____
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Snack_____
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Dinner_____
_____
Snack_____
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About My Day

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Bedtime Body and Mind Scan - How do I feel?

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Exercise today _____
Stress Release_____

Attitude of Gratitude

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Rate your day Use a scale of from 1 – 10 (1 = poor to 10 = great) **Energy** _____**Overall Body**_____

Metabolic Intelligence Program – Day 7

"Fixing your food is not going to fix your life but you can't fix your life until you fix your food" Dr. Daniel Pompa

Rise🕗_____Bedtime🕗_____ Total Sleep____ Quality of Sleep_____
BM __ __ __ __ __ __ Notes_____

Water ▽ ▽ ▽ ▽ ▽ ▽ ▽ ▽ Total amount of water (ounces) _____

Wake up Body and Mind Scan - How do I feel?

_____
_____ _____

Track your sugar and carbohydrate intake
Breakfast _____
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Snack_____
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Lunch_____
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Snack_____
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Dinner_____
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Snack_____
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About My Day

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Bedtime Body and Mind Scan - How do I feel?

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Exercise today _____
Stress Release_____

Attitude of Gratitude

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Rate your day Use a scale of from 1 – 10 (1 = poor to 10 = great) **Energy** _____**Overall Body**_____

Metabolic Intelligence Program Weekly Reflection

Take time to reflect on the past week. Go over each day carefully. This is an opportunity to reflect on your lifestyle and food choices, as well as monitor emotions and physical challenges.

Use a scale of from 1 – 10 when rating. 1 being poor – 10 being great.

1. How would you rate your tracking overall? _____

Did you have a big takeaway or "ah ha" moment while tracking this week? If so, what was it?

_____

_____

Did you notice any food(s) or beverage(s) that might be causing stress on your body?

_____

_____

What was your average energy rating for the week?

Were you able to identify any patterns in your energy ups and downs? Time of day, food consumed, stress, etc.

_____

_____

What is the average amount of sleep you got last week? _____

How would you rate the quality of your sleep? If 6 or below, comment on why your sleep was not better?

_____

_____

What adjustments can you make next week to get more or better-quality sleep? _____

_____

What symptoms, if any, did you have when you woke up? Stiff joints, trouble waking, brain fog, etc.

_____

How many days did you wake up with these symptoms? _____

Were you surprised by the number of sugars/carbohydrates you consume or crave during the week?

_____

_____

What was the average rating you gave yourself for all seven days? _____

Why did you give this rating? _____

How many glasses of water did you average per day? _____

Have you noticed any changes in your urination patterns? More? Less? _____

How many bowel movements did you have per day? Day 1____ Day 2 ____ Day 3 ____ Day 4____ Day 5 ____

Day 6 ____ Day 7____

Note any issues, loose, constipated, unpredictable, small lumps, hard with small lumps, smooth, soft and snakelike?

_____

How many days did you record gas, bloating or heartburn? _____

What foods did you consume when you experienced these symptoms? Was it every day?

_____

Did you experience afternoon fatigue? Y or N

Did you experience food cravings in the morning or afternoon? Y or N What time? _____

How would you rate your stress level in the last 7 days? _____

Were there any days your stress levels and symptoms like gas, bloating, brain fog, etc. coincided?

_____

What other beverages did you consume? Caffeine? Alcohol? Do you notice a connection between caffeine or alcohol and your stress level?

_____

Reflect on the past week. What did you notice?

_____

_____

Where do you think you might have challenges in following the program?

_____

_____

How are you going to overcome these challenges?

_____

Week 2: Looking Closer at What You Eat and What You Use

"The doctor of the future will no longer treat the human frame with drugs, but rather will cure and prevent disease with nutrition." Thomas Edison

This week, we are going to begin looking a little more closely at what you are eating. You do not need to weigh, measure, count calories, or restrict your food unless you are already following a program that requires that. The goal this week is not perfection — it is awareness.

As you track your meals, begin noticing the foods you choose, the ingredients they contain, and the nutrients they provide. Pay attention to how different meals affect your blood sugar, energy, mood, cravings, digestion, and sleep. Your food log is not meant to judge you — it is meant to help you connect the dots.

This is also a great week to continue reading food labels and becoming more familiar with what is in the products you buy. If possible, plan a little extra time when you shop so you can slow down, compare labels, and notice ingredients you may not have paid attention to before.

We will also begin widening the lens beyond food. Start noticing the labels on the products you put **in, on, and around** your body — including personal care products, beauty products, laundry products, cleaning supplies, candles, air fresheners, and other household items. These everyday exposures can sometimes contribute to irritation, inflammation, hormone disruption, or stress on the body.

You do not need to change everything at once. Simply begin noticing. Awareness is the first step toward making better choices.

This week, your goal is to become curious:

- What am I eating?
- What ingredients are showing up often?
- How does my body respond?
- What products am I using every day?
- Are there simple swaps I could make over time?

Remember, small discoveries can lead to powerful changes.

Metabolic Intelligence Program – Day 8

"The journey of a thousand miles begins with one step." – Lao Tzu

Rise🕗_____Bedtime🕗_____ Total Sleep_____ BM __ __ __ __ Water▽▽▽▽▽▽▽▽

Food Tracking Time w/detailed description of food/supplements, meds/symptoms, emotions, **SUGAR/CARBS**

Breakfast 🕗_____	**Supplements/Medication**	**How I Felt Today***
Snack (optional)🕗_____		
Lunch🕗 _____		
Snack (optional)🕗_____		
Dinner 🕗_____		
Snack (optional)🕗_____		

*Happy, sad, weepy, excited, irritable, energetic, optimistic, negative, gas/bloating/brain fog, joint pain, indigestion, fatigue, etc.

About My Day

_____

_____

_____

Exercise today _____

Stress Release_____

Daily Action Clean out your spice cabinet. Throw away old, outdated spices, try a few you have forgotten and make a shopping list of some new flavors to add in!

Rate your day **Energy _____Overall Body_____**

Metabolic Intelligence Program – Day 9

"The secret of getting ahead is getting started." – Mark Twain

Rise🕗_____Bedtime🕗_____ Total Sleep_____ BM __ __ __ __ Water ▢▢▢▢▢▢▢▢

Food Tracking Time w/detailed description of food/supplements, meds/symptoms, emotions, **SUGAR/CARBS**

Breakfast 🕗_____	**Supplements/Medication**	**How I Felt Today***
Snack (optional)🕗_____		
Lunch🕗 _____		
Snack (optional)🕗_____		
Dinner 🕗_____		
Snack (optional)🕗_____		

*Happy, sad, weepy, excited, irritable, energetic, optimistic, negative, gas/bloating/brain fog, joint pain, indigestion, fatigue, etc.

About My Day

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_____

Exercise today _____

Stress Release_____

Attitude of Gratitude _____

_____

Rate your day **Energy** _____**Overall Body**_____

Metabolic Intelligence Program – Day 10

"He who has health has hope; he who has hope has everything." – Arabian Proverb

Rise🕗_____Bedtime🕗_____ Total Sleep_____ BM __ __ __ __ Water ▽ ▽ ▽ ▽ ▽ ▽ ▽ ▽

Food Tracking Time w/detailed description of food/supplements, meds/symptoms, emotions, **SUGAR/CARBS**

Breakfast 🕗_____	**Supplements/Medication**	**How I Felt Today***
Snack (optional)🕗_____		
Lunch🕗 _____		
Snack (optional)🕗_____		
Dinner 🕗_____		
Snack (optional)🕗_____		

*Happy, sad, weepy, excited, irritable, energetic, optimistic, negative, gas/bloating/brain fog, joint pain, indigestion, fatigue, etc.

About My Day

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_____

Exercise today _____

Stress Release_____

Daily Action Open the door for someone, look at them and smile. You might even get a smile back!

Rate your day **Energy _____Overall Body_____**

Metabolic Intelligence Program – Day 11

"Don't watch the clock; do what it does. Keep going." - Sam Levenson

Rise🕗_____Bedtime🕗_____ Total Sleep_____ BM __ __ __ __ Water▢▢▢▢▢▢▢▢

Food Tracking Time w/detailed description of food/supplements, meds/symptoms, emotions, **SUGAR/CARBS**

Breakfast 🕗_____	**Supplements/Medication**	**How I Felt Today***
Snack (optional)🕗_____		
Lunch🕗 _____		
Snack (optional)🕗_____		
Dinner 🕗_____		
Snack (optional)🕗_____		

*Happy, sad, weepy, excited, irritable, energetic, optimistic, negative, gas/bloating/brain fog, joint pain, indigestion, fatigue, etc.

About My Day

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_____

Exercise today _____

Stress Release_____

Attitude of Gratitude _____

_____

Rate your day **Energy** _____**Overall Body**_____

Metabolic Intelligence Program – Day 12

"Strength doesn't come from what you can do. It comes from overcoming the things you once thought you couldn't" – Rikki Rogers

Rise🕗_____Bedtime🕗_____ Total Sleep_____ BM __ __ __ __ Water ▢ ▢ ▢ ▢ ▢ ▢ ▢ ▢

Food Tracking Time w/detailed description of food/supplements, meds/symptoms, emotions, **SUGAR/CARBS**

Breakfast 🕗_____	**Supplements/Medication**	**How I Felt Today***
Snack (optional)🕗_____		
Lunch🕗 _____		
Snack (optional)🕗_____		
Dinner 🕗_____		
Snack (optional)🕗_____		

*Happy, sad, weepy, excited, irritable, energetic, optimistic, negative, gas/bloating/brain fog, joint pain, indigestion, fatigue, etc.

About My Day

_____

_____

_____

Exercise today _____

Stress Release_____

Daily Action Treat yourself to something special (non-food related). A bubble bath, a small purchase or time alone, etc.

Rate your day **Energy** _____**Overall Body**_____

Smoothie Detox Recipes

One of great things about smoothies that help the body detox is that they often contain ingredients one might not traditionally use. These are ingredients that support healthy detox pathways. They often provide extra fiber just be careful of serving sizes. Protein powder may be added.

Green Detox Smoothie

This smoothie is high in chlorophyll, which supports liver function and helps detoxify the body.

Ingredients:

- 1 cup spinach
- 1/2 cucumber, chopped
- 1 green apple, cored and chopped
- 1/2 lemon, juiced
- 1 tablespoon fresh ginger, peeled and grated
- 1 tablespoon chia seeds (optional, for extra fiber)
- 1 cup coconut water, milk or filtered water

Instructions: Blend all ingredients until smooth.

Berry Beet Detox Smoothie

Beets help cleanse the blood and support liver detoxification, while berries are loaded with antioxidants.

Ingredients:

- 1 small beet, peeled and chopped
- 1/2 cup frozen berries (blueberries, blackberries, or raspberries)
- 1/4 small banana
- 1 tablespoon flaxseed or chia seeds
- 1 cup unsweetened almond milk, coconut milk or coconut water

Instructions:

1. Blend all ingredients until smooth.
2. Adjust the consistency with more almond or coconut milk if needed.

Tropical Turmeric Cleanser

Turmeric is a natural anti-inflammatory and liver detoxifier, while pineapple aids digestion.

Ingredients:

- 1/2 cup pineapple, chopped
- 1/2 cup mango, chopped
- 1/2 cup coconut water or milk
- 1/2 teaspoon turmeric powder (or 1/4-inch fresh turmeric root, peeled)
- 1 tablespoon lemon juice
- A pinch of black pepper (to enhance turmeric absorption)
- A handful of ice (optional)

Instructions:

1. Blend all ingredients until smooth.
2. Serve cold and enjoy the tropical flavors!

Feel free to add a protein powder to any of these recipes!

Metabolic Intelligence Program – Day 13

Commitment means staying loyal to what you said you were going to do long after the mood you set it in has left – Unknown

Rise🕗_____Bedtime🕗_____ Total Sleep_____ BM __ __ __ __ Water ▢▢▢▢▢▢▢▢

Food Tracking Time w/detailed description of food/supplements, meds/symptoms, emotions, **SUGAR/CARBS**

Breakfast 🕗_____	**Supplements/Medication**	**How I Felt Today***
Snack (optional)🕗_____		
Lunch🕗 _____		
Snack (optional)🕗_____		
Dinner 🕗_____		
Snack (optional)🕗_____		

*Happy, sad, weepy, excited, irritable, energetic, optimistic, negative, gas/bloating/brain fog, joint pain, indigestion, fatigue, etc.

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About My Day

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Exercise today _____

Stress Release_____

Attitude of Gratitude _____

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Rate your day **Energy _____Overall Body_____**

Metabolic Intelligence Program – Day 14

Our greatest glory is not in never failing but in rising every time we fail - Confucius

Rise🕗_____Bedtime🕗_____ Total Sleep_____ BM __ __ __ __ Water▢▢▢▢▢▢▢▢

Food Tracking Time w/detailed description of food/supplements, meds/symptoms, emotions, **SUGAR/CARBS**

Breakfast 🕗_____	**Supplements/Medication**	**How I Felt Today***
Snack (optional)🕗_____		
Lunch🕗 _____		
Snack (optional)🕗_____		
Dinner 🕗_____		
Snack (optional)🕗_____		

*Happy, sad, weepy, excited, irritable, energetic, optimistic, negative, gas/bloating/brain fog, joint pain, indigestion, fatigue, etc.

About My Day

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_____

Exercise today _____

Stress Release_____

Daily Action Every transaction you have today, look the clerk, delivery person or teller in the eye and thank them.

Rate your day **Energy _____Overall Body_____**

Metabolic Intelligence Program Weekly Reflection

When you have completed journaling for days 1 - 7, reflect on what you wrote. Go over each day carefully. This is an opportunity to identify lifestyle and food stressors, monitor symptoms and look for opportunities to adjust.

Use a scale of from 1 – 10 when rating. 1 being poor – 10 being great.

How would you rate your tracking overall? _____

What is your biggest challenge with tracking this week?

_____

_____

What have you learned about your blood sugar levels? Any big Aha moments?

_____

_____

_____

Did you have any dips in energy, headaches, fatigue?

_____

Have you found yourself changing your eating habits because of your glucose readings

_____

_____

How many glasses of water are you drinking per day? Are you drinking more since tracking your intake?

_____

How many bowel movements did you have per day? Day 1____ Day 2 ____ Day 3 ____ Day 4____ Day 5____ Day 6 ____ Day 7____

How would you rate your stress level in the last 7 days? _____

How has your glucose monitor responded to your stress?

_____

_____

Were there any days your stress levels and symptoms like gas, bloating, brain fog, etc. coincided?

_____

Is there anything you want to journal about how you feel or what you have experienced this week?

_____

_____

Welcome to Week 3

"The food you eat can be either the safest and most powerful form of medicine or the slowest form of poison." – Ann Wigmore

This week, try pairing carbohydrates with protein or healthy fats to see how your body responds. Many people notice that "naked carbs" raise blood sugar more quickly, while balanced combinations may create a steadier response. Use your CGM as feedback — not judgment.

And yes, now is the time to avoid added omega-6 oils, the key is to use **whole foods** and cook with things like **extra virgin olive oil, avocado oil, coconut oil, grass-fed butter, ghee, or no added oil** instead of soybean, corn, cottonseed, safflower, sunflower, grapeseed, or "vegetable oil.

Protein + Carb Ideas

- Eggs + sweet potato
- Coconut yogurt + berries
- Chicken + quinoa
- Salmon + butternut squash
- Turkey + fruit
- Beef burger patty + roasted sweet potatoes
- Shrimp + carrots
- Chicken soup + basmati rice
- Cottage cheese + peaches

Fat + Carb Ideas

- Apple + almond butter
- Rice cake + avocado
- Sweet potato + ghee
- Berries + coconut cream
- Carrots + guacamole
- Date + coconut butter
- ¼ Banana + almond butter
- Pear + macadamia nuts
- Siete chips and guacamole
- Chia pudding + berries

This is also good week to explore some of the recipes on the Information page. There are some great recipes loaded with nuts, seeds and resistant starches like sweet potatoes.

Metabolic Intelligence Program – Day 15

"Those who think they have no time for exercise will sooner or later have to find time for illness." – Edward Stanley

Rise🕗_____Bedtime🕗_____ Total Sleep_____ BM __ __ __ __ Water ▢▢▢▢▢▢▢▢

Food Tracking Time with a detailed description of food/supplements or meds/symptoms and emotions

Breakfast 🕗_____	**Supplements/Medication**	**How I Felt Today***
Snack (optional)🕗_____		
Lunch🕗 _____		
Snack (optional)🕗_____		
Dinner 🕗_____		
Snack (optional)🕗_____		

*Happy, sad, weepy, excited, irritable, energetic, optimistic, negative, gas/bloating/brain fog, joint pain, indigestion, fatigue, etc.

About My Day

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Exercise today _____

Stress Release_____

Attitude of Gratitude _____

Rate your day **Energy** _____**Overall Body**_____

Metabolic Intelligence Program – Day 16

"A healthy outside starts with a healthy inside." – Robert Urich

Rise🕗_____Bedtime🕗_____ Total Sleep_____ BM __ __ __ __ Water ▢▢▢▢▢▢▢▢

Food Tracking Time with a detailed description of food/supplements or meds/symptoms and emotions

Breakfast 🕗_____	**Supplements/Medication**	**How I Felt Today***
Snack (optional)🕗_____		
Lunch🕗 _____		
Snack (optional)🕗_____		
Dinner 🕗_____		
Snack (optional)🕗_____		

*Happy, sad, weepy, excited, irritable, energetic, optimistic, negative, gas/bloating/brain fog, joint pain, indigestion, fatigue, etc.

About My Day

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Exercise today _____

Stress Release_____

Daily Action Tell someone you work with you appreciate them

Rate your day **Energy _____Overall Body_____**

Metabolic Intelligence Program – Day 17

"To keep the body in good health is a duty…otherwise we shall not be able to keep our mind strong and clear." - Buddha

Rise🕗_____Bedtime🕗_____ Total Sleep_____ BM __ __ __ __ Water ▽ ▽ ▽ ▽ ▽ ▽ ▽ ▽

Food Tracking Time with a detailed description of food/supplements or meds/symptoms and emotions

Breakfast 🕗_____	**Supplements/Medication**	**How I Felt Today***
Snack (optional)🕗_____		
Lunch🕗 _____		
Snack (optional)🕗_____		
Dinner 🕗_____		
Snack (optional)🕗_____		

*Happy, sad, weepy, excited, irritable, energetic, optimistic, negative, gas/bloating/brain fog, joint pain, indigestion, fatigue, etc.

About My Day

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Exercise today _____

Stress Release_____

Daily Action Email or post a family or group picture and tag everyone in it. Let them know you were thinking of them.

Rate your day **Energy _____Overall Body_____**

Metabolic Intelligence Program – Day 18

"To know thyself is the beginning of wisdom." - Socrates

Rise🕗_____Bedtime🕗_____ Total Sleep_____ BM __ __ __ __ Water ▢ ▢ ▢ ▢ ▢ ▢ ▢ ▢

Food Tracking Time with a detailed description of food/supplements or meds/symptoms and emotions

Breakfast 🕗_____	**Supplements/Medication**	**How I Felt Today***
Snack (optional)🕗_____		
Lunch🕗 _____		
Snack (optional)🕗_____		
Dinner 🕗_____		
Snack (optional)🕗_____		

*Happy, sad, weepy, excited, irritable, energetic, optimistic, negative, gas/bloating/brain fog, joint pain, indigestion, fatigue, etc.

About My Day

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Exercise today _____

Stress Release_____

Attitude of Gratitude _____

Rate your day **Energy _____Overall Body_____**

Metabolic Intelligence Program – Day 19

"Nature never deceives us; it is we who deceive ourselves" - Jean-Jacques Rousseau

Rise🕗_____Bedtime🕗_____ Total Sleep_____ BM __ __ __ __ Water ▢▢▢▢▢▢▢▢

Food Tracking Time with a detailed description of food/supplements or meds/symptoms and emotions

Breakfast 🕗_____	**Supplements/Medication**	**How I Felt Today***
Snack (optional)🕗_____		
Lunch🕗 _____		
Snack (optional)🕗_____		
Dinner 🕗_____		
Snack (optional)🕗_____		

*Happy, sad, weepy, excited, irritable, energetic, optimistic, negative, gas/bloating/brain fog, joint pain, indigestion, fatigue, etc.

About My Day

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Exercise today _____

Stress Release_____

Daily Action Send someone a handwritten note – it will make his or her day!

Rate your day **Energy _____Overall Body_____**

Metabolic Intelligence Program – Day 20

"Believe you can, and you are halfway there." – Theadore Roosevelt

Rise🕗_____Bedtime🕗_____ Total Sleep_____ BM __ __ __ __ Water ▢▢▢▢▢▢▢▢

Food Tracking Time with a detailed description of food/supplements or meds/symptoms and emotions

Breakfast 🕗_____	**Supplements/Medication**	**How I Felt Today***
Snack (optional)🕗_____		
Lunch🕗 _____		
Snack (optional)🕗_____		
Dinner 🕗_____		
Snack (optional)🕗_____		

*Happy, sad, weepy, excited, irritable, energetic, optimistic, negative, gas/bloating/brain fog, joint pain, indigestion, fatigue, etc.

About My Day

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Exercise today _____

Stress Release_____

Daily Action Treat yourself to something special! Make it nonfood related – a bubble bath, small purchase, quiet time alone 😊

Rate your day **Energy _____Overall Body_____**

Metabolic Intelligence Program – Day 21

"What lies behind us and what lies before us are tiny matters compared to what lies within us." – Ralph Waldo Emerson

Rise🕗_____Bedtime🕗_____ Total Sleep_____ BM __ __ __ __ Water ▢▢▢▢▢▢▢▢

Food Tracking Time with a detailed description of food/supplements or meds/symptoms and emotions

Breakfast 🕗_____	**Supplements/Medication**	**How I Felt Today***
Snack (optional)🕗_____		
Lunch🕗 _____		
Snack (optional)🕗_____		
Dinner 🕗_____		
Snack (optional)🕗_____		

*Happy, sad, weepy, excited, irritable, energetic, optimistic, negative, gas/bloating/brain fog, joint pain, indigestion, fatigue, etc.

About My Day

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Exercise today _____

Stress Release_____

Attitude of Gratitude _____

Rate your day **Energy _____Overall Body_____**

Metabolic Intelligence Program Weekly Reflection

This you might have received your omega 3/6 ratio testing.

What was your ratio? _____

How did you feel about your test score? Take time to journal about the experience

_____

_____

Did you take time to go over your results in detail? _____

What questions do you have about what you read?

1.

2.

3.

4.

5.

Were you taking an omega 3 supplement before you tested your blood? _____

Have you started taking the Balance Oil that was included in your test kit? _____

Are you curious about retesting? _____

What lifestyle change have you made since starting?

_____

_____

What is your biggest takeaway so far from participating in this program?

_____

_____

_____

_____

Week 4: Turning Information Into Action

“Success is not final; failure is not fatal: It is the courage to continue that counts.”
– Winston Churchill

By now, you have spent a few weeks observing your body, tracking your habits, and watching how your blood sugar responds to food, sleep, stress, movement, and daily choices. Your omega 3/6 ratio results may also be available, giving you another helpful window into your body’s inflammatory balance.

This week is a wonderful time to begin turning what you have learned into small, intentional changes.

On the next few pages, you will find anti-inflammatory food guidelines designed to help you make healthier choices and support better blood sugar balance, inflammation control, energy, and overall wellness. These guidelines are not meant to override any medical advice, prescribed nutrition plan, or weight loss program you may be following. They are simply suggestions to help you better understand your options and choose foods that may support your body more effectively.

As you read through the guidelines, remember that this is not about perfection or restriction. It is about learning, experimenting, and noticing what helps you feel your best. Even one or two small changes can make a meaningful difference over time.

This week, ask yourself:

- What patterns have I noticed so far?
- Which foods seem to support steady energy and blood sugar?
- Which foods may be contributing to spikes, cravings, fatigue, or inflammation?
- What is one simple change I feel ready to try?

Please reach out if you have questions, need help understanding your results, or would like encouragement as you begin making changes.

Keep up the good work — every observation, every choice, and every small step is helping you better understand and support your body.

Shopping Guidelines

Here are the shopping guidelines for all weeks of your program. Our goal is to reduce the toxic load on your body by removing removed foods that may contain toxins or cause inflammation in the body. This program also focuses on a lower carbohydrate intake and eliminates added sugars. The below are GUIDELINES ONLY! You must decide what is right for your health and lifestyle.

** Always check with your doctor before making any significant changes. If your health care provider or nutritionist recommends you avoid or must eat certain foods, follow his or her recommendations.

Meats – Organic and Pasture
Grass Fed Beef
Bison, lamb
Chicken, Turkey
Omega 3 or pastured eggs
Heritage pork
Wild caught meat

Fish
SMASH fish – Salmon, wild caught or ethically farmed, mackerel (no king), anchovies, sardines, herring
Wild caught fish
Shrimp, wild caught
Shellfish, lobster, crab

Vegetables – Organic
All, except the following: corn, soy, white/yellow/red/purple potatoes, and beans (like navy, black, etc.)
Limit high starch vegetables

Dairy Substitutes
Any raw milk product
A2 milk products – limited
Goat, sheep, buffalo or camel products - limited
Grassfed Butter
Ghee
Coconut, almond, pistachio or hemp milk (Unsweetened, no carrageenan)

Side Dishes
Homemade soups
Miracle noodles (konjac)
Kelp, seaweed noodles
Sweet potatoes

Fruits – Organic
Blueberries, raspberries & blackberries
Coconut
All others should be limited to help lower the sugar load on the body – use portion sizing

Oils and Vinegar
Extra Virgin Olive Oil
Avocado Oil
Butter, grass fed only
Coconut oil, any
A2 Ghee
Avocado Mayonnaise
All Vinegars
Coconut Aminos

Snacks
All nuts and seeds, raw or dry roasted except peanuts & cashews
Alternative chips like plantain or sweet potato chips cooked in avocado oil - limited

Sugars/Sugar Substitutes
Stevia
Monk Fruit
Organic cane sugar, limited
Coconut sugar - limited
Honey - limited
Maple Syrup - limited

Spices and flours
All spices, organic if poss.
Almond flour
Coconut flour
Plantain flour
Tapioca flour
Arrow Root flour
Cassava flour
Tiger nut flour
Psyllium Husk Flour

Other
Nut butters, organic
All Olives in water or olive oil
Organic Nutritional Yeast
Organic Hemp Hearts

Protein bars/Powders
Keto or collagen bars
Homemade bars
(No sugar, soy, whey, casein, or rice.)

Beverages
Organic coffee and teas
Prebiotic sodas, 1 per day OR
Seltzer, 1 per day

4 Fresh Lemons – squeeze ½ lemon into water, each morning (Can substitute with 5 drops Young Living Vitality Lemon)

Avoid list
This is not a complete list, use the shopping guidelines to confirm choices

Meats and Proteins
All soy
Try to avoid conventional meat
Processed and deli meats

Seafood
Farm raised tilapia
Farm raised shrimp
All Tuna, Mahi Mahi,
Tile Fish, swordfish all limited due to heavy metal toxicity

Vegetables
Beans (green beans limited)
Corn
Pea
White, yellow, red, and purple potatoes
Soy

Fruits
Stick to organic berries whenever possible. Most other fruits should be limited, one or two small servings a day, especially during the cleanse phase.
Dried fruit
Fruit juices, even organic

Grains
Gluten grains - wheat, barley, rye, Kamut, Farro
Rice
Triticale
Corn
Oats
Quinoa

Sugar – eliminate all
All sugars including white, brown
All artificial sweeteners
Corn Syrup, High Fructose Corn Syrup

Dairy
All A1 dairy products except grass fed butter, Ghee

Nuts/seeds
Limit peanuts or cashews
All nuts roasted in omega 6 oils

Spices and Herbs
Highly processed packaged spices and sauces

Oils
Canola
Corn
Peanut
Rice Bran
Safflower
Sesame
Soybean
Sunflower
Vegetable

Protein Shakes and Bars
Whey protein
Casein
Soy Protein
Pea Protein

Gluten and dairy may be listed as other names which can make it hard to identify them on labels. Cow dairy may be labeled as casein, or caseinate, whey, lactose, or some form of these words. Gluten may be labeled as malt, triticale, and is often found in store bought stocks and broths, granolas, sauces and even salad dressings.

Metabolic Intelligence Program – Day 22

"You cannot stop the waves, but you can learn to surf." – Jon Kabat-Zinn

Rise🕗_____Bedtime🕗_____ Total Sleep_____ BM __ __ __ __ Water ▢ ▢ ▢ ▢ ▢ ▢ ▢ ▢

Food Tracking Time with a detailed description of food/supplements or meds/symptoms and emotions

Breakfast 🕗_____	**Supplements/Medication**	**How I Felt Today***
Snack (optional)🕗_____		
Lunch🕗 _____		
Snack (optional)🕗_____		
Dinner 🕗_____		
Snack (optional)🕗_____		

*Happy, sad, weepy, excited, irritable, energetic, optimistic, negative, gas/bloating/brain fog, joint pain, indigestion, fatigue, etc.

About My Day

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Exercise today _____

Stress Release_____

Daily Action Reflect on your financial situation. Plan steps and take action to improve your financial health

Rate your day **Energy _____Overall Body_____**

Metabolic Intelligence Program – Day 23

"The best and most efficient pharmacy is within your own system." -Robert C.Peale

Rise🕗_____Bedtime🕗_____ Total Sleep_____ BM __ __ __ __ Water ▢▢▢▢▢▢▢▢

Food Tracking Time with a detailed description of food/supplements or meds/symptoms and emotions

Breakfast 🕗_____	**Supplements/Medication**	**How I Felt Today***
Snack (optional)🕗_____		
Lunch🕗 _____		
Snack (optional)🕗_____		
Dinner 🕗_____		
Snack (optional)🕗_____		

*Happy, sad, weepy, excited, irritable, energetic, optimistic, negative, gas/bloating/brain fog, joint pain, indigestion, fatigue, etc.

About My Day

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Exercise today _____

Stress Release_____

Attitude of Gratitude _____

Rate your day **Energy _____Overall Body_____**

Metabolic Intelligence Program – Day 24

"Embrace the glorious mess that you are!" – Melissa Gilbert

Rise🕗_____Bedtime🕗_____ Total Sleep_____ BM __ __ __ __ Water ▽ ▽ ▽ ▽ ▽ ▽ ▽ ▽

Food Tracking Time with a detailed description of food/supplements or meds/symptoms and emotions

Breakfast 🕗_____	**Supplements/Medication**	**How I Felt Today***
Snack (optional)🕗_____		
Lunch🕗 _____		
Snack (optional)🕗_____		
Dinner 🕗_____		
Snack (optional)🕗_____		

*Happy, sad, weepy, excited, irritable, energetic, optimistic, negative, gas/bloating/brain fog, joint pain, indigestion, fatigue, etc.

About My Day

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Exercise today _____

Stress Release_____

Daily Action Open the door for someone today, look at them, smile, and wish them a great day!

Rate your day **Energy _____Overall Body_____**

Metabolic Intelligence Program – Day 25

Problems are not stop signs; they are guidelines – Robert H. Schuller

Rise🕗_____Bedtime🕗_____ Total Sleep_____ BM __ __ __ __ Water ▽ ▽ ▽ ▽ ▽ ▽ ▽ ▽

Food Tracking Time with a detailed description of food/supplements or meds/symptoms and emotions

Breakfast 🕗_____	**Supplements/Medication**	**How I Felt Today***
Snack (optional)🕗_____		
Lunch🕗 _____		
Snack (optional)🕗_____		
Dinner 🕗_____		
Snack (optional)🕗_____		

*Happy, sad, weepy, excited, irritable, energetic, optimistic, negative, gas/bloating/brain fog, joint pain, indigestion, fatigue, etc.

About My Day

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Exercise today _____

Stress Release_____

Attitude of Gratitude _____

Rate your day **Energy _____Overall Body_____**

Metabolic Intelligence Program – Day 26

"Moderation is the key to lasting enjoyment." – Hosea Ballou

Rise🕗_____Bedtime🕗_____ Total Sleep_____ BM __ __ __ __ Water ▢▢▢▢▢▢▢▢

Food Tracking Time with a detailed description of food/supplements or meds/symptoms and emotions

Breakfast 🕗_____	**Supplements/Medication**	**How I Felt Today***
Snack (optional)🕗_____		
Lunch🕗 _____		
Snack (optional)🕗_____		
Dinner 🕗_____		
Snack (optional)🕗_____		

*Happy, sad, weepy, excited, irritable, energetic, optimistic, negative, gas/bloating/brain fog, joint pain, indigestion, fatigue, etc.

About My Day

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Exercise today _____

Stress Release_____

Daily Action Sort out a clothes closet, bedding, or other items you do not use or wear. Donate them to a shelter.

Rate your day **Energy _____Overall Body_____**

Metabolic Intelligence Program – Day 27

"Take care of your body. It's the only place you have to live." – Jim Rohn

Rise🕗_____Bedtime🕗_____ Total Sleep_____ BM __ __ __ __ Water ▽ ▽ ▽ ▽ ▽ ▽ ▽ ▽

Food Tracking Time with a detailed description of food/supplements or meds/symptoms and emotions

Breakfast 🕗_____	**Supplements/Medication**	**How I Felt Today***
Snack (optional)🕗_____		
Lunch🕗 _____		
Snack (optional)🕗_____		
Dinner 🕗_____		
Snack (optional)🕗_____		

*Happy, sad, weepy, excited, irritable, energetic, optimistic, negative, gas/bloating/brain fog, joint pain, indigestion, fatigue, etc.

About My Day

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Exercise today _____

Stress Release_____

Attitude of Gratitude

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Rate your day **Energy** _____**Overall Body**_____

Metabolic Intelligence Program – Day 28

"Keep your face always toward the sunshine and shadows will fall behind you." – Unknown

Rise🕗_____Bedtime🕗_____ Total Sleep_____ BM __ __ __ __ Water ▽ ▽ ▽ ▽ ▽ ▽ ▽ ▽

Food Tracking Time with a detailed description of food/supplements or meds/symptoms and emotions

Breakfast 🕗_____	**Supplements/Medication**	**How I Felt Today***
Snack (optional)🕗_____		
Lunch🕗 _____		
Snack (optional)🕗_____		
Dinner 🕗_____		
Snack (optional)🕗_____		

*Happy, sad, weepy, excited, irritable, energetic, optimistic, negative, gas/bloating/brain fog, joint pain, indigestion, fatigue, etc.

About My Day

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Exercise today _____

Stress Release_____

Daily Action Call someone you have not spoken with in over a year and say, "hi."

Rate your day **Energy _____Overall Body_____**

Metabolic Intelligence Program Weekly Reflection

What changes have you noticed in your body, mood or physical appearance? Really reflect on subtle changes as well as some of the bigger changes.

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Some specific questions, if not addressed above.

What changes have you noticed in your blood sugar?

_____

_____

Have your sleep patterns changed? If so, how?

_____

_____

Have you changed your diet? If so, what have you noticed?

_____

_____

How would you describe the inflammation in your body as compared to when you first started the program?

_____

_____

_____

Have you noticed any emotional changes? If so, what changes?

_____

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Week 5: Supporting Your Body and Reflecting on What You've Learned

"The bitterness of poor quality remains long after the sweetness of a low price is forgotten."
-Unknown

At this point, you are beginning to wind down your program. This is a wonderful time to pause and reflect.

How are you feeling? What have you noticed about your energy, sleep, cravings, mood, digestion, blood sugar patterns, or food choices? What have you learned about yourself and your body over the past few weeks?

This week is a good time to give your body a little extra support. When we support rest, hydration, circulation, sweating, breathing, and healthy elimination, we also support the body's natural detoxification and repair processes.

You may want to try one or more of the following:

- Use an infrared sauna, if available and appropriate for you
- Try an ionic detox foot bath
- Practice deep breathing or gentle breathwork
- Drink plenty of clean water
- Add gentle movement, stretching, or walking
- Prioritize sleep and rest
- Eat simple, nourishing, anti-inflammatory meals

This may also be a good week to experiment with a gentle form of intermittent fasting, if you have never tried it and it is appropriate for you. Intermittent fasting simply means stretching the time between your last bite of food in the evening and your first bite of food, or calories, the next morning.

For some people, gradually extending that overnight window to 12–14 hours, and eventually 14–16 hours if tolerated, may support blood sugar balance, metabolic flexibility, digestion, and the body's natural repair processes. This is not about restriction or skipping meals when your body needs nourishment. It is about experimenting carefully and noticing how your body responds.

As you move through this week, continue to listen to your body. More is not always better. The goal is to support your body, not stress it.

Now is also the time to book your one-on-one appointment with me if you have not already. You can reach me at **Susan@MyHealthyReboot.com**.

If you have any questions, need help understanding your results, or would like encouragement, please reach out.

Metabolic Intelligence Program – Day 29

"The groundwork of all happiness is health." -Leigh Hunt

Rise🕗_____Bedtime🕗_____ Total Sleep_____ BM __ __ __ __ Water ▽ ▽ ▽ ▽ ▽ ▽ ▽ ▽

Food Tracking Time with a detailed description of food/supplements or meds/symptoms and emotions

Breakfast 🕗_____	**Supplements/Medication**	**How I Felt Today***
Snack (optional)🕗_____		
Lunch🕗 _____		
Snack (optional)🕗_____		
Dinner 🕗_____		
Snack (optional)🕗_____		

*Happy, sad, weepy, excited, irritable, energetic, optimistic, negative, gas/bloating/brain fog, joint pain, indigestion, fatigue, etc.

About My Day

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Exercise today _____

Stress Release_____

Attitude of Gratitude

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Rate your day **Energy _____Overall Body_____**

Metabolic Intelligence Program – Day 30

"Health is not valued until sickness comes." – Thomas Fuller

Rise🕗_____Bedtime🕗_____ Total Sleep_____ BM __ __ __ __ Water ▽ ▽ ▽ ▽ ▽ ▽ ▽ ▽

Food Tracking Time with a detailed description of food/supplements or meds/symptoms and emotions

Breakfast 🕗_____	**Supplements/Medication**	**How I Felt Today***
Snack (optional)🕗_____		
Lunch🕗 _____		
Snack (optional)🕗_____		
Dinner 🕗_____		
Snack (optional)🕗_____		

*Happy, sad, weepy, excited, irritable, energetic, optimistic, negative, gas/bloating/brain fog, joint pain, indigestion, fatigue, etc.

About My Day

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Exercise today _____

Stress Release_____

Attitude of Gratitude

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Rate your day **Energy** _____**Overall Body**_____

Metabolic Intelligence Program – Day 31

"In nature, nothing exists alone." – Rachel Carson

Rise🕗_____Bedtime🕗_____ Total Sleep_____ BM __ __ __ __ Water ▽ ▽ ▽ ▽ ▽ ▽ ▽ ▽

Food Tracking Time with a detailed description of food/supplements or meds/symptoms and emotions

Breakfast 🕗_____	**Supplements/Medication**	**How I Felt Today***
Snack (optional)🕗_____		
Lunch🕗 _____		
Snack (optional)🕗_____		
Dinner 🕗_____		
Snack (optional)🕗_____		

*Happy, sad, weepy, excited, irritable, energetic, optimistic, negative, gas/bloating/brain fog, joint pain, indigestion, fatigue, etc.

About My Day

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Exercise today _____

Stress Release_____

Attitude of Gratitude

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Rate your day **Energy** _____**Overall Body**_____

Metabolic Intelligence Program – Day 32

"The greatest wealth is health." -Virgil

Rise🕗_____Bedtime🕗_____ Total Sleep_____ BM __ __ __ __ Water ▽ ▽ ▽ ▽ ▽ ▽ ▽ ▽

Food Tracking Time with a detailed description of food/supplements or meds/symptoms and emotions

Breakfast 🕗_____	**Supplements/Medication**	**How I Felt Today***
Snack (optional)🕗_____		
Lunch🕗 _____		
Snack (optional)🕗_____		
Dinner 🕗_____		
Snack (optional)🕗_____		

*Happy, sad, weepy, excited, irritable, energetic, optimistic, negative, gas/bloating/brain fog, joint pain, indigestion, fatigue, etc.

About My Day

_____

_____

_____

Exercise today _____

Stress Release_____

Attitude of Gratitude

_____

_____

Rate your day **Energy _____Overall Body_____**

Metabolic Intelligence Program – Day 33

"You are never too old to set another goal or to dream a new dream." – C.S. Lewis

Rise🕗_____Bedtime🕗_____ Total Sleep_____ BM __ __ __ __ Water ▽ ▽ ▽ ▽ ▽ ▽ ▽ ▽

Food Tracking Time with a detailed description of food/supplements or meds/symptoms and emotions

Breakfast 🕗_____	**Supplements/Medication**	**How I Felt Today***
Snack (optional)🕗_____		
Lunch🕗 _____		
Snack (optional)🕗_____		
Dinner 🕗_____		
Snack (optional)🕗_____		

*Happy, sad, weepy, excited, irritable, energetic, optimistic, negative, gas/bloating/brain fog, joint pain, indigestion, fatigue, etc.

About My Day

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Exercise today _____

Stress Release_____

Attitude of Gratitude

_____

_____

Rate your day **Energy _____Overall Body_____**

Metabolic Intelligence Program – Day 34

"The only true wisdom is in knowing you know nothing." -Socrates

Rise🕗_____Bedtime🕗_____ Total Sleep_____ BM __ __ __ __ Water ▽ ▽ ▽ ▽ ▽ ▽ ▽ ▽

Food Tracking Time with a detailed description of food/supplements or meds/symptoms and emotions

Breakfast 🕗_____	**Supplements/Medication**	**How I Felt Today***
Snack (optional)🕗_____		
Lunch🕗 _____		
Snack (optional)🕗_____		
Dinner 🕗_____		
Snack (optional)🕗_____		

*Happy, sad, weepy, excited, irritable, energetic, optimistic, negative, gas/bloating/brain fog, joint pain, indigestion, fatigue, etc.

About My Day

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Exercise today _____

Stress Release_____

Attitude of Gratitude

_____

_____

Rate your day **Energy _____Overall Body_____**

Metabolic Intelligence Program – Day35

"Healing is a matter of time, but it is sometimes also a matter of opportunity." - Hippocrates

Rise🕗_____Bedtime🕗_____ Total Sleep_____ BM __ __ __ __ Water ▽ ▽ ▽ ▽ ▽ ▽ ▽ ▽

Food Tracking Time with a detailed description of food/supplements or meds/symptoms and emotions

Breakfast 🕗_____	**Supplements/Medication**	**How I Felt Today***
Snack (optional)🕗_____		
Lunch🕗 _____		
Snack (optional)🕗_____		
Dinner 🕗_____		
Snack (optional)🕗_____		

*Happy, sad, weepy, excited, irritable, energetic, optimistic, negative, gas/bloating/brain fog, joint pain, indigestion, fatigue, etc.

About My Day

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Exercise today _____

Stress Release_____

Attitude of Gratitude

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Rate your day **Energy** _____**Overall Body**_____

Metabolic Intelligence Program Weekly Reflection

Describe how you feel in detail physically, mentally and emotionally now that you are winding down.:

_____
_____
_____

What is the biggest takeaway you have from this program?

_____
_____
_____

What changes will you continue to make and why?

_____
_____
_____
_____

What is your next step in your health journey?

_____
_____
_____

You have taken great stride in improving your health over the last month. Write a note to yourself about how you feel now, your goal for your health going forward and what will you say to yourself if you need encouragement to continue on over the next few months.

_____
_____
_____
_____
_____
_____
_____
_____

Week 6: You Made It — Now What Have You Learned?

> ***Someday everything will make perfect sense. In the meantime, laugh at the confusion, smile through the tears and keep reminding yourself that everything happens for a reason.***

Woohoo — you made it!

Over the past six weeks, you have taken time to observe your body, track your habits, learn from your data, and begin connecting the dots between your daily choices and how you feel and function.

That is something to celebrate.

This program was never about perfection. It was about awareness. It was about learning how food, sleep, stress, movement, hydration, inflammation, and toxic burden may affect your blood sugar, energy, cravings, mood, digestion, sleep, and overall health.

By now, you may have discovered foods that support you, habits that help you feel better, patterns that surprised you, or areas where your body is asking for more support. These discoveries are valuable. They are not meant to create guilt — they are meant to give you direction.

As you finish this program, take some time to reflect:

- What was my biggest discovery?
- What surprised me about my body?
- What changes made the biggest difference?
- What habits do I want to continue?
- What is one next step I feel ready to take?

Remember, your health journey does not end here. You now have more information, more awareness, and more tools to make choices that support your body in real life.

Small steps matter. Consistency matters. Curiosity matters. And every healthy choice is an opportunity to care for the body you have been given.

You should be proud of the work you have done, and I hope you feel encouraged by what you have learned. Keep listening to your body, keep asking good questions, and keep building on the progress you have made.

You are not starting over — you are moving forward with greater understanding.

Metabolic Intelligence Program – Day _____

Problems are not stop signs; they are guidelines. – Robert H. Schuller

Rise🕗_____Bedtime🕗_____ Total Sleep_____ BM __ __ __ __ Water ▽ ▽ ▽ ▽ ▽ ▽ ▽ ▽

Food Tracking Time with a detailed description of food/supplements or meds/symptoms and emotions

Breakfast 🕗_____	**Supplements/Medication**	**How I Felt Today***
Snack (optional)🕗_____		
Lunch🕗 _____		
Snack (optional)🕗_____		
Dinner 🕗_____		
Snack (optional)🕗_____		

*Happy, sad, weepy, excited, irritable, energetic, optimistic, negative, gas/bloating/brain fog, joint pain, indigestion, fatigue, etc.

About My Day

_____

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Exercise today _____

Stress Release_____

Attitude of Gratitude

_____

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Rate your day **Energy** _____**Overall Body**_____

Metabolic Intelligence Program Questionnaire Day 36

Time to answer the Metabolic Intelligence Program questionnaire again. Compare your answers against the answers you wrote on Day 1. Your numbers should be decreasing. If your total numbers went up, please contact one of us.

Rating Scale:
0 - I never have this happen
1 - I occasionally have it (1 – 4 times a month), but it is not severe
2 - I occasionally have it (1-4 times a month), and the effect is severe
3 - I frequently have it (1 or more times a week), but it is not severe
4 - I frequently have it (1 or more times a week), the effect is severe

Head
__ Headaches
__ Dizziness
__ Insomnia
__ Faintness
____ Total

Ears
__ Itchy ears
__ Ringing in ears/ loss of hearing
__ Earaches/ ear infections
__ Drainage from the ear
____ Total

Eyes
__ Bags or dark circles under eyes
__ Watery or itchy eyes
__ Swollen, reddened, or sticky eyelids
__ Blurred or tunnel vision (excluding near or far sightedness)
____ Total

Nose
__ Stuffy nose
__ Sinus congestion, sinus infection
__Constant sneezing
__ Hay fever/ allergies
__ Excess mucus formation
____ Total

Mouth/ Throat
__ Chronic coughing
__ Sore throat, hoarseness, loss of voice
__ Gagging, frequent need to clear throat
__ Swollen tongue, gums, or lips
__ Swollen lymph nodes
__ Canker sores, mouth ulcers
____ Total

Heart
__ Chest pain
__ Irregular or skipped heartbeat
__ Rapid or pounding heartbeat
____ Total

Lungs
__ Asthma, bronchitis
__ Chest congestion
__ Shortness of breath
__ Difficulty breathing
____ Total

Skin
__ Acne or brown “age/liver spots”
__ Hives, rashes, cysts, boils
__ Eczema or psoriasis
__ Itchy skin/ dermatitis
__ Hair loss, hair thinning
__ Body odor
__ Excessive sweating
____ Total

Weight
__Underweight
__ Overweight
__ Difficulty losing weight
__ Crave certain foods
____ Total

Joints/Muscles
__ Pain or aches in joints or lower back
__ Stiffness or limitation of movement
__ Arthritis
__ Pain or aches in muscles
____ Total

Mental/Emotional
__ Poor memory
__ Brain Fog
__ Difficulty concentrating
__ Mood swings
__ Depression
__ Anxiety, fear, or nervousness
__ Anger, irritability, or aggressiveness
__ Insomnia
____ Total

Energy Level
__ Fatigue/ low energy/sluggishness
__ Restlessness
__ Hyperactivity
__ Feeling of weakness
__ Hard to wake up in the morning
____ Total

Digestive Tract
__ Nausea, vomiting
__ Diarrhea
__ Constipation
__ Bloated feeling
__ Belching, passing gas
__ Heartburn
__ Intestinal/ stomach pain
____ Total

Other
__ PMS
__ Frequent colds, flu
__ Chemical or environmental sensitivities
__ Food allergies/ sensitivities
__ Hot flashes
____ Total

Please add the numbers from each section and write the section total in the spaces provided, then add all the section totals together and put that total in the space below.

_____ Grand Total

What was the score difference between day 1, 14, and day 29?? _____

What are the biggest changes you noticed? In which categories?

_____
_____
_____
_____

What is your biggest take away from answering this questionnaire?

_____
_____
_____
_____

What habits do you think you will continue moving forward?

_____
_____
_____
_____

*Note – this questionnaire is not designed to treat, diagnose or cure. It is to create an awareness of your overall health. These are all potential signals the body is out of balance.

Check in Body Measurements and Information

Please take time to enter your ending information. Some answers you may know, others you can easily obtain, some might not be accessible at this time.

Weight _____

Blood Pressure_____

Pulse_____

Cholesterol_____

Waistline Measurement _____ Hip Measurement _____ Arm Measurement _____

Thigh Measurement_____ Chest Measurement _____

BMI_____

WHR_____

Personal notes: