# What Impacts Blood Glucose Worksheet

HOLTON NUTRITION

There are no right or wrong answers on this worksheet (or any worksheet). Just answer the following questions to mark where you are *right now*.

**Be honest.** This is only for you to see where you are now and give you insight into the areas where you could make changes and areas where you aren't willing to make changes right now. (It's okay that you have those limits, or things you aren't willing to give up right away.)

**Be kind to yourself.** This isn't an excuse to feel guilty or bad about anything. It's simply a way to help you navigate and give you something to look back on in a few weeks to see how far you've come.

**Medical Background Family History**: What do you know or remember about family members and their history of diabetes?

**Past Medical History:** What past medical history are you worried may impact your blood glucose levels? Describe any conflicts that could impact your ability to improve your blood glucose levels because of these health conditions**.** *(i.e. Polycystic Ovarian Syndrome may lead to insulin resistance, which could impact your risk of diabetes)*

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*Medications:* Which medications or supplements are you currently taking. Take a few moments to review the side effects of each (drugs.com is a good reference!) to determine if any of these may impact your blood glucose levels. *(i.e. corticosteroids typically increase blood glucose levels)*

_____
_____
_____
_____

*Weight:* While weight loss isn't always a component for everyone, many with prediabetes have been told by their medical team to lose 5-10% of their body weight. (*Skip this step and the Waist Circumference step below if you were told by your medical team to gain/maintain weight or if you are pregnant/lactating*.)

Using your current weight, let's determine what that 5-10% may look like. (*If you haven't been told that weight loss is a goal for you, please skip this question*.)

Current Weight: _____ x 0.05 = _____ pounds for 5% weight loss

Current Weight: _____ x 0.1 = _____ pounds for 10% weight loss

Critical Thinking: How do you feel about these numbers? Do these seem realistic or reasonable to you? Why or why not?

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*Waist Circumference:* According to the National Institutes of Health, a waist size greater than 35 in (88.9 cm) for women or greater than 40 in (101.6 cm) for men increases your risk for diabetes. (*Skip this step if you are pregnant/lactating*.)

To correctly measure your waist, stand and place a flexible tape measure around your middle, just above your hip bones. The tape measure will usually pass within an inch or so of your belly button. Measure your waist just after you breathe out. (If you don't have a flexible tape measure, you can use a string and then measure the string using your tape measure.)

Current Waist Circumference: _____ in/cm

Are you at risk based on the numbers above (circle)? Yes or No

**Intake** *What Are You Eating?:* Write down everything you ate yesterday. There's no judgement here, but I want you to realize that it's hard to remember everything you ate if you aren't tracking or paying attention. It's easy to just eat and move on in today's busy world!

_____
_____
_____
_____

*Critical Thinking:* Without looking up anything online, describe what you *think* you could improve in your current food intake. Consider the timing and frequency of meals, the foods you're choosing, whether foods are homemade, and whether you're choosing more whole foods or processed.

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*What Are You Drinking?:* Write down everything you drank yesterday, including approximate amounts. Don't forget your coffee or tea in the morning, the soda you grabbed at the gas station on your way home, and the juice you had mixed into that smoothie! (Just some examples of things you may have forgotten!)

_____
_____
_____
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*Critical Thinking:* What do you *think* you could improve in your current beverage intake? Consider the timing and frequency of beverages, the beverages you're choosing, and whether you're consuming enough fluid to meet your needs.

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**Other Factors**

*Physical Activity:* Describe your current physical activity level. How often are you doing intentional physical activity? What activities do you do? What is the intensity of each activity? (Consider the talk test when it comes to intensity. If you're doing moderate intensity you'll be able to talk but not sing.)

| Activity | Frequency | Time Spent | Intensity |
|---|---|---|---|
| | | | |
| | | | |
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| | | | |

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*Stress:* Share your thoughts on how you are currently feeling in terms of stress. What is currently worrying you or on your mind? How often do you feel burned out or like you can't manage everything on your plate?

_____
_____
_____
_____

*Sleep:* What are your current sleep habits? How many hours do you get on average per night? Is this consistent or do you sleep longer on certain days? Are you on day shift or night shift? Are you sleeping for long periods of time or short bursts? Are you experiencing any insomnia or restlessness?

_____
_____
_____
_____

*Tobacco:* Skip this question if you do not use any form of tobacco products. Describe your tobacco use (including vaping, smoked tobacco, hookah, snug, dip, and snus).

_____
_____
_____
_____

*Alcohol:* Skip this question if you do not use any form of alcohol. Describe your alcohol intake (including all beer, wine, spirits, hard seltzers, hard cider, etc.).

_____
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**Possible Changes:** *Changes You **ARE** Willing to Make Now:* Based on all the factors discussed above, in which areas do you feel the MOST ready/willing to make changes? List the area and then specific details about what you're ready/willing to change.

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*Changes You're **NOT** Willing to Make Now:* Based on all the factors discussed above, in which areas do you feel the LEAST ready/willing to make changes? List the area and then explain why you aren't ready to make changes in that area yet. PS: It's OKAY to have areas/things you aren't willing to work on now.

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