

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

## DIET / ACTIVITY REPORT

Please take the time to complete the following survey carefully and accurately. List in detail the quantity and the exact nature of all foods and beverages consumed (i.e. frozen, canned, etc.). Please mention if the foods were raw or cooked. Be sure to list all beverages, all fats or oils and any condiments used (i.e. mayonnaise, mustard, relish, etc.). Please complete each of the sections accurately.

Note:

- Quality of Sleep, rating 1-10 (with 10 being perfectly revitalizing)
- Quantity of Sleep (number of hours)
- Be sure to include any and all beverages consumed in addition to water.

Activity	Day 1	Date:	Week:
Time I arose: Quantity of sleep: Quality of sleep:			
Morning Meal Time:			
Snack and time:			
Noon Meal Time:			
Snack and time:			
Evening Meal Time:			
Snack and time:			
Water (cups per day)			
Type, quality, quantity of Fats/Oils used throughout the day:			
Condiments (sugar/salt/spices/ herbs etc.) used throughout the day:			
Exercise Type and Duration			
Natural Light Time and Duration			
Relaxation/ Emotional Balancing Activity: Duration:			
Bedtime:			

<b>Activity</b>	<b>Day 2</b> Date:                      Week:	<b>Day 3</b> Date:                      Week:
Time I arose: Quantity of sleep: Quality of sleep:		
Morning Meal Time:		
Snack and time:		
Noon Meal Time:		
Snack and time:		
Evening Meal Time:		
Snack and time:		
Water (cups per day)		
Type, quality, quantity of Fats/Oils used throughout the day:		
Condiments (sugar/salt/spices/ herbs etc.) used throughout the day:		
Exercise Type and Duration		
Natural Light Time and Duration		
Relaxation/ Emotional Balancing Activity: Duration:		
Bedtime:		

<b>Activity</b>	<b>Day 4</b> Date:                      Week:	<b>Day 5</b> Date:                      Week:
Time I arose: Quantity of sleep: Quality of sleep:		
Morning Meal Time:		
Snack and time:		
Noon Meal Time:		
Snack and time:		
Evening Meal Time:		
Snack and time:		
Water (cups per day)		
Type, quality, quantity of Fats/Oils used throughout the day:		
Condiments (sugar/salt/spices/ herbs etc.) used throughout the day:		
Exercise Type and Duration		
Natural Light Time and Duration		
Relaxation/ Emotional Balancing Activity: Duration:		
Bedtime:		

<b>Activity</b>	<b>Day 6</b> Date:                      Week:	<b>Day 7</b> Date:                      Week:
Time I arose: Quantity of sleep: Quality of sleep:		
Morning Meal Time:		
Snack and time:		
Noon Meal Time:		
Snack and time:		
Evening Meal Time:		
Snack and time:		
Water (cups per day)		
Type, quality, quantity of Fats/Oils used throughout the day:		
Condiments (sugar/salt/spices/ herbs etc.) used throughout the day:		
Exercise Type and Duration		
Natural Light Time and Duration		
Relaxation/ Emotional Balancing Activity: Duration:		
Bedtime:		

