

Name: _____

Diet and Lifestyle Diary

Please take the time to complete this survey carefully and accurately. List in detail the quantity and the exact nature of all foods and beverages you consume (such as frozen, canned, fresh, etc.). Mention also if the foods are raw or cooked. Be sure to list all beverages, all fats or oils, and any condiments you consume (such as mayonnaise, mustard, relish, etc.). Complete the exercise activity portion at the bottom listing the type of exercise, its duration, and your pulse before and during the activity, if you know it. And finally, record any periods of relaxation during your day.

DAY 1 Date:	Week:
ACTIVITY	
Morning Meal Time:	
Snack	
Noon Meal Time:	
Snack	
Evening Meal Time:	
Water (cups/day)	
Additional Beverages	
Fats/Oils	
Condiments (sugar, salt, spices, herbs)	
Exercise Type: Duration: Pulse before: Pulse during:	
Relaxation Type: Duration:	

DAY 2 Date: Week:	DAY 3 Date: Week:
ACTIVITY	
Morning Meal Time:	
Snack	
Noon Meal Time:	
Snack	
Evening Meal Time:	
Water (cups/day)	
Additional Beverages	
Fats/Oils	
Condiments (sugar, salt, spices,herbs)	
Exercise Type: Duration: Pulse before: Pulse during:	
Relaxation Type: Duration:	

DAY 4 Date: Week:	DAY 5 Date: Week:
ACTIVITY	
Morning Meal Time:	
Snack	
Noon Meal Time:	
Snack	
Evening Meal Time:	
Water (cups/day)	
Additional Beverages	
Fats/Oils	
Condiments (sugar, salt, spices, herbs)	
Exercise Type: Duration: Pulse before: Pulse during:	
Relaxation Type: Duration:	

DAY 6 Date: Week:	DAY 7 Date: Week:
ACTIVITY	
Morning Meal Time:	
Snack	
Noon Meal Time:	
Snack	
Evening Meal Time:	
Water (cups/day)	
Additional Beverages	
Fats/Oils	
Condiments (sugar, salt, spices, herbs)	
Exercise Type: Duration: Pulse before: Pulse during:	
Relaxation Type: Duration:	