



# Diet, Exercise and Sleep Diary **Confidential**

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, organic, etc.). Please mention if the foods were raw, cooked, or altered. Be sure to list all beverages, all fats or oils and any condiments used (i.e. mayonnaise, mustard, relish, salad dressing, etc.). Please complete the exercise activity portion as well, listing the type of exercise, its duration and your pulse before and during exercising. Also record any periods of relaxation. Please include any supplements (i.e. vitamins, enzymes, etc.) or any medications that you are taking. You may list these on the back of the page.

Client's Name: \_\_\_\_\_

Day 1		Date:	
<b>Morning Meal Time:</b>		<b>Water</b> (oz/cups) <b>Source</b>	
		<b>Additional Beverages</b>	
<b>Snack</b>		<b>Fats/Oils</b>	
		<b>Condiments</b> (sugar/salt/spices, etc.)	
<b>Noon Meal Time:</b>		<b>Exercise Type:</b>	
		<b>Duration:</b>	
<b>Snack</b>		<b>Pulse Before:</b>	
		<b>Pulse During:</b>	
<b>Evening Meal Time:</b>		<b>Relaxation Type:</b>	
		<b>Duration:</b>	
<b>Snack</b>			

What time did you go to bed last night? \_\_\_\_\_

What time did you get up this morning? \_\_\_\_\_

How was your sleep quality?  Sound  Restless

Did you awake during the night - Reasons: \_\_\_\_\_

Did you have night sweats? YES NO

Did you wake up refreshed? \_\_\_\_\_ Or tired? \_\_\_\_\_

Are you a slow starter in the morning? YES NO

If Yes, how long does it take to feel alert each morning? \_\_\_\_\_



<b>Day 2</b>		<b>Date:</b>	
<b>Morning Meal Time:</b>		<b>Water</b> (oz/cups) <b>Source</b>	
<b>Snack</b>		<b>Additional Beverages</b>	
<b>Noon Meal Time:</b>		<b>Fats/Oils</b>	
<b>Snack</b>		<b>Condiments</b> (sugar/salt/spices, etc.)	
<b>Evening Meal Time:</b>		<b>Exercise Type:</b> <b>Duration:</b> <b>Pulse Before:</b> <b>Pulse During:</b>	
<b>Snack</b>		<b>Relaxation Type:</b> <b>Duration:</b>	

What time did you go to bed last night? \_\_\_\_\_

What time did you get up this morning? \_\_\_\_\_

How was your sleep quality?     Sound                       Restless

Did you awake during the night - Reasons: \_\_\_\_\_

Did you have night sweats?    YES                      NO

Did you wake up refreshed? \_\_\_\_\_ Or tired? \_\_\_\_\_

Are you a slow starter in the morning?    YES                      NO

If Yes, how long does it take to feel alert each morning? \_\_\_\_\_



<b>Day 3</b>		<b>Date:</b>	
<b>Morning Meal Time:</b>		<b>Water</b> (oz/cups) <b>Source</b>	
<b>Snack</b>		<b>Additional Beverages</b>	
<b>Noon Meal Time:</b>		<b>Fats/Oils</b>	
<b>Snack</b>		<b>Condiments</b> (sugar/salt/spices, etc.)	
<b>Evening Meal Time:</b>		<b>Exercise Type:</b> <b>Duration:</b> <b>Pulse Before:</b> <b>Pulse During:</b>	
<b>Snack</b>		<b>Relaxation Type:</b> <b>Duration:</b>	

What time did you go to bed last night? \_\_\_\_\_

What time did you get up this morning? \_\_\_\_\_

How was your sleep quality?     Sound                     Restless

Did you awake during the night - Reasons: \_\_\_\_\_

Did you have night sweats?    YES                    NO

Did you wake up refreshed? \_\_\_\_\_ Or tired? \_\_\_\_\_

Are you a slow starter in the morning?    YES                    NO

If Yes, how long does it take to feel alert each morning? \_\_\_\_\_



<b>Day 4</b>		<b>Date:</b>	
<b>Morning Meal Time:</b>		<b>Water</b> (oz/cups) <b>Source</b>	
<b>Snack</b>		<b>Additional Beverages</b>	
<b>Noon Meal Time:</b>		<b>Fats/Oils</b>	
<b>Snack</b>		<b>Condiments</b> (sugar/salt/spices, etc.)	
<b>Evening Meal Time:</b>		<b>Exercise Type:</b> <b>Duration:</b> <b>Pulse Before:</b> <b>Pulse During:</b>	
<b>Snack</b>		<b>Relaxation Type:</b> <b>Duration:</b>	

What time did you go to bed last night? \_\_\_\_\_

What time did you get up this morning? \_\_\_\_\_

How was your sleep quality?     Sound                       Restless

Did you awake during the night - Reasons: \_\_\_\_\_

Did you have night sweats?    YES                      NO

Did you wake up refreshed? \_\_\_\_\_ Or tired? \_\_\_\_\_

Are you a slow starter in the morning?    YES                      NO

If Yes, how long does it take to feel alert each morning? \_\_\_\_\_



<b>Day 5</b>		<b>Date:</b>	
<b>Morning Meal Time:</b>		<b>Water</b> (oz/cups) <b>Source</b>	
<b>Snack</b>		<b>Additional Beverages</b>	
<b>Noon Meal Time:</b>		<b>Fats/Oils</b>	
<b>Snack</b>		<b>Condiments</b> (sugar/salt/spices, etc.)	
<b>Evening Meal Time:</b>		<b>Exercise Type:</b> <b>Duration:</b> <b>Pulse Before:</b> <b>Pulse During:</b>	
<b>Snack</b>		<b>Relaxation Type:</b> <b>Duration:</b>	

What time did you go to bed last night? \_\_\_\_\_

What time did you get up this morning? \_\_\_\_\_

How was your sleep quality?     Sound                       Restless

Did you awake during the night - Reasons: \_\_\_\_\_

Did you have night sweats?    YES                      NO

Did you wake up refreshed? \_\_\_\_\_ Or tired? \_\_\_\_\_

Are you a slow starter in the morning?    YES                      NO

If Yes, how long does it take to feel alert each morning? \_\_\_\_\_



<b>Day 6</b>		<b>Date:</b>	
<b>Morning Meal Time:</b>		<b>Water</b> (oz/cups) <b>Source</b>	
<b>Snack</b>		<b>Additional Beverages</b>	
<b>Noon Meal Time:</b>		<b>Fats/Oils</b>	
<b>Snack</b>		<b>Condiments</b> (sugar/salt/spices, etc.)	
<b>Evening Meal Time:</b>		<b>Exercise Type:</b> <b>Duration:</b> <b>Pulse Before:</b> <b>Pulse During:</b>	
<b>Snack</b>		<b>Relaxation Type:</b> <b>Duration:</b>	

What time did you go to bed last night? \_\_\_\_\_

What time did you get up this morning? \_\_\_\_\_

How was your sleep quality?     Sound                       Restless

Did you awake during the night - Reasons: \_\_\_\_\_

Did you have night sweats?    YES                      NO

Did you wake up refreshed? \_\_\_\_\_ Or tired? \_\_\_\_\_

Are you a slow starter in the morning?    YES                      NO

If Yes, how long does it take to feel alert each morning? \_\_\_\_\_



<b>Day 7</b>		<b>Date:</b>	
<b>Morning Meal Time:</b>		<b>Water</b> (oz/cups) <b>Source</b>	
<b>Snack</b>		<b>Additional Beverages</b>	
<b>Noon Meal Time:</b>		<b>Fats/Oils</b>	
<b>Snack</b>		<b>Condiments</b> (sugar/salt/spices, etc.)	
<b>Evening Meal Time:</b>		<b>Exercise Type:</b> <b>Duration:</b> <b>Pulse Before:</b> <b>Pulse During:</b>	
<b>Snack</b>		<b>Relaxation Type:</b> <b>Duration:</b>	

What time did you go to bed last night? \_\_\_\_\_

What time did you get up this morning? \_\_\_\_\_

How was your sleep quality?     Sound                       Restless

Did you awake during the night - Reasons: \_\_\_\_\_

Did you have night sweats?    YES                      NO

Did you wake up refreshed? \_\_\_\_\_ Or tired? \_\_\_\_\_

Are you a slow starter in the morning?    YES                      NO

If Yes, how long does it take to feel alert each morning? \_\_\_\_\_



<b>Day 8</b>		<b>Date:</b>	
<b>Morning Meal Time:</b>		<b>Water</b> (oz/cups) <b>Source</b>	
<b>Snack</b>		<b>Additional Beverages</b>	
<b>Noon Meal Time:</b>		<b>Fats/Oils</b>	
<b>Snack</b>		<b>Condiments</b> (sugar/salt/spices, etc.)	
<b>Evening Meal Time:</b>		<b>Exercise Type:</b> <b>Duration:</b> <b>Pulse Before:</b> <b>Pulse During:</b>	
<b>Snack</b>		<b>Relaxation Type:</b> <b>Duration:</b>	

What time did you go to bed last night? \_\_\_\_\_

What time did you get up this morning? \_\_\_\_\_

How was your sleep quality?     Sound                       Restless

Did you awake during the night - Reasons: \_\_\_\_\_

Did you have night sweats?    YES                      NO

Did you wake up refreshed? \_\_\_\_\_ Or tired? \_\_\_\_\_

Are you a slow starter in the morning?    YES                      NO

If Yes, how long does it take to feel alert each morning? \_\_\_\_\_



<b>Day 9</b>		<b>Date:</b>	
<b>Morning Meal Time:</b>		<b>Water</b> (oz/cups) <b>Source</b>	
<b>Snack</b>		<b>Additional Beverages</b>	
<b>Noon Meal Time:</b>		<b>Fats/Oils</b>	
<b>Snack</b>		<b>Condiments</b> (sugar/salt/spices, etc.)	
<b>Evening Meal Time:</b>		<b>Exercise Type:</b> <b>Duration:</b> <b>Pulse Before:</b> <b>Pulse During:</b>	
<b>Snack</b>		<b>Relaxation Type:</b> <b>Duration:</b>	

What time did you go to bed last night? \_\_\_\_\_

What time did you get up this morning? \_\_\_\_\_

How was your sleep quality?     Sound                       Restless

Did you awake during the night - Reasons: \_\_\_\_\_

Did you have night sweats?    YES                      NO

Did you wake up refreshed? \_\_\_\_\_ Or tired? \_\_\_\_\_

Are you a slow starter in the morning?    YES                      NO

If Yes, how long does it take to feel alert each morning? \_\_\_\_\_



<b>Day 10</b>		<b>Date:</b>	
<b>Morning Meal Time:</b>		<b>Water</b> (oz/cups) <b>Source</b>	
<b>Snack</b>		<b>Additional Beverages</b>	
<b>Noon Meal Time:</b>		<b>Fats/Oils</b>	
<b>Snack</b>		<b>Condiments</b> (sugar/salt/spices, etc.)	
<b>Evening Meal Time:</b>		<b>Exercise Type:</b> <b>Duration:</b> <b>Pulse Before:</b> <b>Pulse During:</b>	
<b>Snack</b>		<b>Relaxation Type:</b> <b>Duration:</b>	

What time did you go to bed last night? \_\_\_\_\_

What time did you get up this morning? \_\_\_\_\_

How was your sleep quality?     Sound                       Restless

Did you awake during the night - Reasons: \_\_\_\_\_

Did you have night sweats?    YES                      NO

Did you wake up refreshed? \_\_\_\_\_ Or tired? \_\_\_\_\_

Are you a slow starter in the morning?    YES                      NO

If Yes, how long does it take to feel alert each morning? \_\_\_\_\_