

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

## Diet and Lifestyle Diary (Print me off)

	Week of:	Week day #1	Week day #2	Weekend
<b>Morning</b>	Breakfast			
	Fluids/ H2O			
	Snacks			
	Activity (type/ mins)	min	min	min
	Energy	1-10 (10 = most)	1-10 (10 = most)	1-10 (10 = most)
	Mood	😊😊😊😊😊😊😊😊	😊😊😊😊😊😊😊😊	😊😊😊😊😊😊😊😊
	Other symptom			
<b>Mid-day</b>	Lunch			
	Fluids/ H2O			
	Snacks			
	Activity (type/ mins)	min	min	min
	Energy	1-10 (10 = most)	1-10 (10 = most)	1-10 (10 = most)
	Mood	😊😊😊😊😊😊😊😊	😊😊😊😊😊😊😊😊	😊😊😊😊😊😊😊😊
	Other symptom			
<b>Afternoon</b>	Fluids/ H2O			
	Snacks			
	Activity (type/ mins)	min	min	min
	Energy	1-10 (10 = most)	1-10 (10 = most)	1-10 (10 = most)
	Mood	😊😊😊😊😊😊😊😊	😊😊😊😊😊😊😊😊	😊😊😊😊😊😊😊😊
	Other symptom			
	<b>Evening</b>	Dinner		
Fluids/ H2O				
Snacks				
Activity (type/ mins)		min	min	min
Energy		1-10 (10 = most)	1-10 (10 = most)	1-10 (10 = most)
Mood		😊😊😊😊😊😊😊😊	😊😊😊😊😊😊😊😊	😊😊😊😊😊😊😊😊
Other symptom				
<b>Total Servings</b>	Protein (3-5)			
	Healthy Fats (2-4)			
	Carbohydrates (≤6)			
	Vegetables (10+)			
	Fruit (3-5)			
	Total H2O (8 glasses)			
<b>Sleep Routine</b>	Time to bed			
	Minutes to fall asleep	min	min	min
	# of times woken up -Why?			
	Time to wake up			
	Minutes to get up	min	min	min
	# of hours asleep	hrs	hrs	hrs
	Sleep Quality	1-10 (10 = best)	1-10 (10 = best)	1-10 (10 = best)

Notes: \_\_\_\_\_  
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