

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

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

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

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

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

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

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