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

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

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