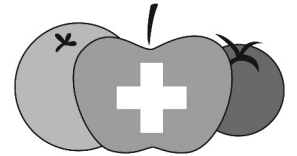


3 Day Lifestyle Diary

Name _____ Date _____



Please choose 2 fairly typical week days and a weekend or 'day off' and record as much as you can about your eating, sleep and leisure patterns on the page below. Please give as much information as possible – home cooked or not, brand names, fresh, packaged, whole, refi ned, organic etc. to help your nutritional therapist to build an accurate picture of your lifestyle.

Your Diet - please record your food intake across 2 work or week days and 1 weekend/day off.

Your Routine - please do the same for your routine

	Weekday 1	Weekday 2	Day Off
Breakfast	Time:	Time:	Time:
Lunch	Time:	Time:	Time:
Dinner	Time:	Time:	Time:
Snacks	Times:	Times:	Times:
Drinks	___ coffees (___sugars/cup) ___ 'normal' tea (___ sugars per cup) ___ green/herbal tea ___ fizzy drinks/cordial ___ units of alcohol ___ glasses of water other drinks.....	___ coffees (___sugars/cup) ___ 'normal' tea (___ sugars per cup) ___ green/herbal tea ___ fizzy drinks/cordial ___ units of alcohol ___ glasses of water other drinks.....	___ coffees (___sugars/cup) ___ 'normal' tea (___ sugars per cup) ___ green/herbal tea ___ fizzy drinks/cordial ___ units of alcohol ___ glasses of water other drinks.....

	Day1	Day 2	Day off
Wake up time			
Get up time			
Work day start time			
Work day breaks (total hrs)			
Work day end time			
Time spent travelling			
Time spent exercising			
Type of exercise			
Exercise time of day			
Time spent relaxing			
Type of relaxation			
Other leisure activity			
Other routine...			
Energy low times			
Overall mood			
Go to bed time			
Fall asleep time			
Uninterrupted sleep?	Y/N	Y/N	Y/N