

MEAL	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
Time: Morning Meal							
Snack:							
Time: Noon Meal							
Snack							
Time: Evening Meal							
Snack							
Additional Foods & Beverages							
Water (cups/day)							
Fats/Oils Used							
Condiments Salt, Sugar, Spices, etc.							
Supplements Taken Time:							
Type of Exercise							
Exercise Duration							
Pulse-before/during	/	/	/	/	/	/	/
Relaxation							

Name: _____

Week #: _____

DIET/ACTIVITY REPORT:

Please take 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, etc.). Please mention if the foods were raw or cooked. Be sure to list any condiments used (i.e. mayonnaise, margarine, relish, etc.). Please complete the exercise portion at the bottom as well, listing the type of exercise, its duration and your pulse before and during exercising. Also record any periods of relaxation/meditation.