

Name	Date	e

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, refined, 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 weekdays and 1 weekend/day off.

Time	Weekday 1	Weekday2	Day off
Breakfast	Time:	Time:	Time:
Lunch	Time:	Time:	Time:
Dinner	Time:	Time:	Time:
Snacks	Time:	Time:	Time:
Drinks	coffees(sugars/cups)normal' tea (sugars per cup)Green/herbal teafizzy drinks/cordialunits of alcoholglasses of water other drinks	coffees(sugars/cups)normal' tea (sugars per cup)Green/herbal teafizzy drinks/cordialunits of alcoholglasses of water other drinks	coffees(sugars/cups)normal' tea (sugars per cup)Green/herbal teafizzy drinks/cordialunits of alcoholglasses of water other drinks

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				
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		Day 1	Day 2	Day off
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	Wake up 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	Get up time			
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	Work day start time			
Time spent exercising type of exercise Exercise time of day time spent relaxing type of relaxation Other leisure activity Other routine	Work day breaks (total hrs)			
Time spent exercising type of exercise Exercise time of day time spent relaxing type of relaxation Other leisure activity Other routine	Work day end time			
Exercise time of day time spent relaxing type of relaxation Other leisure activity Other routine	Time spent travelling			
Exercise time of day time spent relaxing type of relaxation Other leisure activity Other routine	Time spent exercising			
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time spent relaxing type of relaxation Other leisure activity Other routine				
time spent relaxing type of relaxation Other leisure activity Other routine				
Other routine	Exercise time of day			
Other leisure activity Other routine	time spent relaxing			
Other routine	type of relaxation			
Other routine				
	Other leisure activity			
Energy low time	Other routine			
Energy low time				
Energy low time				
Enorgy low time				
I LIIGI Y IOW IIII C	Energy low time			
Overall mood	Overall mood			
Go to bed time	Go to bed time			
Fall asleep time	Fall asleep time			
Uninterrupted sleep? Y/N Y/N Y/N		Y/N	Y/N	Y/N