

Diet, Exercise and Sleep Diary Confidential

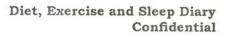
Please take the Time to complete the following survey carefully and accurately for 5 days. List in detail the quantity and the exact nature of all foods and beverages consumed (i.e. frozen, canned, organic, etc.). Please mention if the foods were raw, cooked, or altered. Be sure to list all beverages, all fats or oils and any condiments used (i.e. mayonnaise, mustard, relish, salad dressing, etc.). Please complete the exercise activity portion as well, listing the type of exercise, its duration and your pulse before and during exercising. Also record any periods of relaxation. Please include any supplements (i.e. vitamins, enzymes, etc.) or any medications that you are taking. You may list these below.

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Day:	Date:	
Morning Meal Time:	Water (oz/cups) Source	
90	Additional	
Snack	Beverages	
Noon Meal	Fats/Oils	
Time:	Condiments (sugar/salt/ spices, etc.)	
Snack	Exercise	¥d.
Evening Meal Time:	Type: Duration: Pulse Before: Pulse During:	
	Relaxation	
Snack	Type: Duration:	

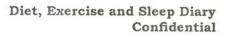
What time did you go to bed last night?	
What time did you get up this morning?	
How was your sleep quality? □ Sound	□ Restless
Did you awake during the night - Reasons:	
Did you have night sweats? YES N	10
Did you wake up refreshed?	Or tired?
Are you a slow starter in the morning? Y	ES NO
If Yes, how long does it take to feel alert each	n morning?





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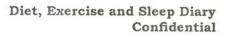
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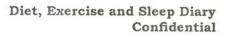
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