

## 3 Day Food & Lifestyle Diary

Name \_\_\_\_\_ Date \_\_\_\_\_

Choosing 2 fairly typical week days and 1 weekend day, please record as much as you can about your eating, sleeping and leisure patterns (including relaxation) on this page. Please give as much info as possible – home cooked or not, brand names, fresh, packaged, whole, refined, organic etc, to help your nutritional therapist build an accurate picture of your diet.

**Diet** – please record food intake across 2 week days and 1 weekend day

|           | Weekday 1  | Weekday 2  | Day Off  |
|-----------|--|--|--|
| Breakfast | Time: _____  | Time: _____  | Time: _____  |
| Lunch     | Time: _____  | Time: _____  | Time: _____  |
| Dinner    | Time: _____  | Time: _____  | Time: _____  |
| Snacks    | Times: _____   | Times: _____   | Times: _____   |
| Drinks    | ___ coffee, ___ sugars, milk y/n<br>___ black tea, ___ sugars, milk y/n<br>___ herbal teas<br>___ squash<br>___ fruit juice<br>___ fizzy drinks<br>___ glasses of water<br>___ alcoholic drinks: _____<br>Other drinks ... | ___ coffee, ___ sugars, milk y/n<br>___ black tea, ___ sugars, milk y/n<br>___ herbal teas<br>___ squash<br>___ fruit juice<br>___ fizzy drinks<br>___ glasses of water<br>___ alcoholic drinks: _____<br>Other drinks ... | ___ coffee, ___ sugars, milk y/n<br>___ tea, ___ sugars, milk y/n<br>___ herbal teas<br>___ squash<br>___ fruit juice<br>___ fizzy drinks<br>___ glasses of water<br>___ alcoholic drinks: _____<br>Other drinks ... |

**Routine** – please do the same for your routine on those days

|  | Day 1 | Day 2 | Day 3 |
|--|-------|-------|-------|
| Wake up time   |       |       |       |
| Get up time  |       |       |       |
| Daily routine<br><br>(include times and types of activities during your day such as work, housework, exercise, driving, other travel, other activities and relaxation / socialising) |       |       |       |
| Relaxation time(s)   |       |       |       |
| Energy low times   |       |       |       |
| Overall mood   |       |       |       |
| Go to bed time   |       |       |       |
| Fall asleep time   |       |       |       |
| Uninterrupted sleep?   | Y / N | Y / N | Y / N |