

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, sleeping and leisure patterns on this page. 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 week days and 1 weekend/day off

	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/cup) ___ green/herbal tea ___ fizzy drinks/cordial ___ units of alcohol ___ glasses of water Other drinks ...	___ coffees (__sugars/cup) ___ 'normal' tea (__sugars/cup) ___ green/herbal tea ___ fizzy drinks/cordial ___ units of alcohol ___ glasses of water Other drinks ...	___ coffees (__sugars/cup) ___ 'normal' tea (__sugars/cup) ___ green/herbal tea ___ fizzy drinks/cordial ___ units of alcohol ___ glasses of water Other drinks ...

Your 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 (include times and activities during your day such as work, relaxation and exercise)			
Energy low times			
Overall mood			
Go to bed time			
Fall asleep time			
Uninterrupted sleep?	Y / N	Y / N	Y / N