**Nutrition for Life 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, sleep and leisure patterns on the page below. Please give as much information as possible – home cooked or not, brand names, fresh, packages, whole, refined, organic etc..

***Food Diary***

***Your Diet Your Routine***

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Weekday 1 | Weekday 2 | Day Off |  |  | Day 1 | Day 2 | Day Off |
| B’fast | Time:  | Time: | Time: |  | Wake up time |  |  |  |
|  | Get up time  |  |  |  |
|  | Work day start time  |  |  |  |
|  | Work day breaks |  |  |  |
|  | Work day end time |  |  |  |
| Lunch |  |  |  |  | Time spent exercising  |  |  |  |
|  | Type of exercise |  |  |  |
|  |
|  |
|  | Exercise time of day |  |  |  |
| Dinner |  |  |  |  | Time spend relaxing |  |  |  |
|  | Type of relaxation |  |  |  |
|  |
|  |
|  | Other leisure activity |  |  |  |
| Snacks |  |  |  |  |
|  |
|  | Other routine…… |  |  |  |
|  |
|  |
| Drinks | \_\_\_coffees(sugars/cup)\_\_\_normal tea(sugars per cup)\_\_\_green/herbal tea\_\_\_fizzy drinks/cordial\_\_\_units of alcohol\_\_\_glasses of waterOther drinks…………. | \_\_\_coffees(sugars/cup)\_\_\_normal tea(sugars per cup)\_\_\_green/herbal tea\_\_\_fizzy drinks/cordial\_\_\_units of alcohol\_\_\_glasses of waterOther drinks…………. | \_\_\_coffees(sugars/cup)\_\_\_normal tea(sugars per cup)\_\_\_green/herbal tea\_\_\_fizzy drinks/cordial\_\_\_units of alcohol\_\_\_glasses of waterOther drinks…………. |  |
|  | Time spent outdoors |  |  |  |
|  | Energy low times |  |  |  |
|  | Overall mood |  |  |  |
|  | Go to bed |  |  |  |
|  | Fall asleep time |  |  |  |
|  | Uninterrupted sleep? | Y/N | Y/N | Y/N |