



DIET/ACTIVITY REPORT

NAME _____

Week of _____

Date Day Date Day Date Day Date Day Date Day Date Day Date Day

<i>MEAL/ACTIVITY</i>														
Morning Meal														
ADDT'L MEAL/SNACK														
Noon Meal														
ADDT'L MEAL/SNACK														
Evening Meal														
ADDT'L MEAL/SNACK														
WATER Eight (12 oz. Glasses/Day)														
Any Standout Symptoms														
SUPPLEMENTS (Times taken)														
TYPE OF EXERCISE														
DURATION														
PEDOMETER	Purposeful Walking _____ Routine Walking _____	Purposeful Walking _____ Routine Walking _____	Purposeful Walking _____ Routine Walking _____	Purposeful Walking _____ Routine Walking _____	Purposeful Walking _____ Routine Walking _____	Purposeful Walking _____ Routine Walking _____	Purposeful Walking _____ Routine Walking _____	Purposeful Walking _____ Routine Walking _____	Purposeful Walking _____ Routine Walking _____	Purposeful Walking _____ Routine Walking _____	Purposeful Walking _____ Routine Walking _____	Purposeful Walking _____ Routine Walking _____	Purposeful Walking _____ Routine Walking _____	Purposeful Walking _____ Routine Walking _____
RELAXATION														

Please complete the above chart carefully and accurately. List in detail the quantity and the exact nature of all food and beverages consumed (frozen, canned, fresh, raw or cooked.) ***Condiments are considered any additional ingredients, dry or liquid such as herbs, spices, dressings, or mayonnaise. Only those indicated on your food list should be consumed.** Include your exercise activities, listing the type of exercise, it's duration and your pulse before and during exercising. Record your total steps and mileage from your pedometer. Also record any periods of relaxation/meditation.