

Client's Name: _____

Week Number: _____

Diet and Activity Logs: Please take time to complete the following survey carefully and accurately. List in detail the quantity and the exact nature of all foods and beverages consumed (frozen, canned etc.). Please mention if the foods were raw or cooked. Be sure to list any condiments used (mayonnaise, margarine etc.). Please complete the exercise activity portion at the bottom as well. Also, record any periods of relaxation/meditation. Thank you.

MEAL	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
Morning Meal Time:							
Snack							
Noon Meal Time:							
Snack							
Evening Meal Time:							
Snack							
Additional Food and Beverages							
Water (cups/day)							
Fat and Oils							
Condiments (salt, sugar etc.)							
Exercise Duration/Time							
Relaxation Duration							