



Diet, nutrition and lifestyle journal

Day one

Patient Name:

Date:

Event	Food & drink intake (include type, amount & brand)	Macronutrients & phytonutrients						
Wake Time:		Your practitioner will complete this section						
Breakfast Time:		<table border="0"> <tr> <td>P</td> <td>C</td> <td>F</td> </tr> <tr> <td>R O Y G</td> <td>B/P/BL</td> <td>W/T/Br</td> </tr> </table>	P	C	F	R O Y G	B/P/BL	W/T/Br
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Bed Time:		<p>P:Proteins F:Fats C:Carbohydrates R: Red O: Orange Y: Yellow G:Green B/P/BL: Blue/Purple/Black W/T/Br: White/Tan/Brown</p>						

Sleep & relaxation

Sleep
 Quantity: _____ (Hours)
 Quality: Poor Fair Good

Relaxation
 Yes No
 Type/Amount:

Exercise & movement

Type/duration & intensity

Aerobic:
 Strength:
 Flexibility:

Stress

Stress reduction practices:

Stressors:



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Day two

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