Eat Yourself Well

3 Day Food And Lifestyle Diary

Name ______________________________ Date ____________________

Please record your food and drink across 2-typical week days and 1 weekend / day off. Please put in as much information as you can- home cooked / ready meals / portion size/ brands etc. To help me to build and accurate picture of your food habits.

Your Diet - please record your food intake across 2 work or week days and 1 weekend/day off

	Week Day 1	Week Day 2	Day 3 / Day Off
Breakfast Time:			
Lunch Time:			
Dinner Time:			
Snacks Time:			
Drinks:	_________ Coffee (___ sugars/cup) _________ Tea (___sugars per cup) _____________ Fruit/herbal tea ___________ Juice / fizzy / cordial _____________ Alcohol (amount) __________________ Water (ml) other drinks: _______________	_________ Coffee (___ sugars/cup) _________ Tea (___sugars per cup) _____________ Fruit/herbal tea ___________ Juice / fizzy / cordial _____________ Alcohol (amount) __________________ Water (ml) other drinks: _______________	_________ Coffee (___ sugars/cup) _________ Tea (___sugars per cup) _____________ Fruit/herbal tea ___________ Juice / fizzy / cordial _____________ Alcohol (amount) __________________ Water (ml) other drinks: _______________

Your Routine - please do the same for your routine

	Day 1	Day 2	Day Off
Wake up time			
Get up time			
Work day start			
Work day breaks (hrs)			
Work day end time			
Time spent travelling			
Time spent exercising			
Type of exercise			
Exercise time of day			
Time spent relaxing			
Type of relaxation			
Other leisure activity			
Energy low times			
Overall mood			
Go to bed time			
Fall asleep time			
Uninterrupted sleep? (Y/N)			
Well Being 0-10*			