

Name: \_\_\_\_\_

## Diet Activity Report

Please take the time to complete the following survey carefully and accurately. List in detail the quantity and the exact nature of all foods and beverages consumed (i.e. frozen, canned, etc.). Please mention if the foods were raw or cooked. Be sure to list all beverages, all fats or oils and any condiments used (i.e. mayonnaise, mustard, relish, etc.). Please complete the exercise activity portion at the bottom as well, listing the type of exercise, its duration and your pulse before and during exercising. Also record any periods of relaxation.

Activity	Day 1	Date	Week
Morning Meal time:			
Snack			
Noon Meal time:			
Snack			
Evening Meal time:			
Snack			
Water (cups per day)			
Additional Beverages			
Fats/Oils			
Condiments (sugar/salt/spices/ herbs etc.)			
Exercise Type: Duration:			
Relaxation Type: Duration:			

Activity	Day 2 Date:	Day 3 Date:
Morning Meal time:		
Snack		
Noon Meal time:		
Snack		
Evening Meal time:		
Snack		
Water (cups per day)		
Additional Beverages		
Fats/Oils		
Condiments (sugar/salt/spices/ herbs etc.)		
Exercise Type: Duration:		
Relaxation Type: Duration:		