

## Diet & Exercise Chart

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, cooked, or altered. 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 as well, listing the type of exercise, its duration and your pulse before and during exercising. Record relaxation periods.

ACTIVITY - DAY 1		Date:	
<b>Morning Meal Time:</b>		<b>Water</b> (cups per day)	
<b>Snack</b>		<b>Additional Beverages</b>	
<b>Noon Meal Time:</b>		<b>Fats/Oils</b>	
<b>Snack</b>		<b>Condiments</b> (sugar/salt/spices/herbs etc.)	
<b>Evening Meal Time:</b>		<b>Exercise</b> Type: Duration: Pulse Before: Pulse During:	
<b>Snack</b>		<b>Relaxation</b> Type: Duration:	

ACTIVITY - DAY 2		Date:	
<b>Morning Meal Time:</b>		<b>Water</b> (cups per day)	
<b>Snack</b>		<b>Additional Beverages</b>	
<b>Noon Meal Time:</b>		<b>Fats/Oils</b>	
<b>Snack</b>		<b>Condiments</b> (sugar/salt/spices/herbs etc.)	
<b>Evening Meal Time:</b>		<b>Exercise</b> Type: Duration: Pulse Before: Pulse During:	
<b>Snack</b>		<b>Relaxation</b> Type: Duration:	

ACTIVITY - DAY 3		Date:	
Morning Meal Time:		Water (cups per day)	
Snack		Additional Beverages	
Noon Meal Time:		Fats/Oils	
Snack		Condiments (sugar/salt/spices/ herbs etc.)	
Evening Meal Time:		Exercise Type: Duration: Pulse Before: Pulse During	
Snack		Relaxation Type: Duration:	

ACTIVITY - DAY 4		Date:	
Morning Meal Time:		Water (cups per day)	
Snack		Additional Beverages	
Noon Meal Time:		Fats/Oils	
Snack		Condiments (sugar/salt/spices/ herbs etc.)	
Evening Meal Time:		Exercise Type: Duration: Pulse Before: Pulse During	
Snack		Relaxation Type: Duration:	

ACTIVITY - DAY 5		Date:	
Morning Meal Time:		Water (cups per day)	
Snack		Additional Beverages	
Noon Meal Time:		Fats/Oils	
Snack		Condiments (sugar/salt/spices/ herbs etc.)	
Evening Meal Time:		Exercise Type: Duration: Pulse Before: Pulse During	
Snack		Relaxation Type: Duration:	

ACTIVITY - DAY 6		Date:	
Morning Meal Time:		Water (cups per day)	
Snack		Additional Beverages	
Noon Meal Time:		Fats/Oils	
Snack		Condiments (sugar/salt/spices/ herbs etc.)	
Evening Meal Time:		Exercise Type: Duration: Pulse Before: Pulse During	
Snack		Relaxation Type: Duration:	

ACTIVITY - DAY 7		Date:	
Morning Meal Time:		Water (cups per day)	
Snack		Additional Beverages	
Noon Meal Time:		Fats/Oils	
Snack		Condiments (sugar/salt/spices/ herbs etc.)	
Evening Meal Time:		Exercise Type: Duration: Pulse Before: Pulse During	
Snack		Relaxation Type: Duration:	

ACTIVITY - DAY 8		Date:	
Morning Meal Time:		Water (cups per day)	
Snack		Additional Beverages	
Noon Meal Time:		Fats/Oils	
Snack		Condiments (sugar/salt/spices/ herbs etc.)	
Evening Meal Time:		Exercise Type: Duration: Pulse Before: Pulse During	
Snack		Relaxation Type: Duration:	