

HEALTH DIARY

How to use the health diary

We are truly what we eat and how we feel can directly relate to our nutrition. The health diary is a weeklong journal that captures what you eat, how you feel after you eat, your sleep, what movement you did in your day, and other additional things you want to mention regarding life's stressors and obstacles. We will then go over it at your next visit to make minor changes and tweaks to it.

Please log the following information:

Time of meal, portion or size of meal, what you drank, any symptoms you have after the meal, your mood after your meal or anytime during the day, what time you go to sleep, how difficult it was to fall asleep and/or stay asleep, did you wake up in the middle of the night and if so what time, and what type of movement do you do in a day and for how long.

We do this for a week to capture the entire work week and the weekend.

Example:

Day 1	Diet	Time	Food / Beverage	Mood	Symptoms
		7:30a	Cheerios, 2 cups	☹️	Bloated, gassy
10a		Coffee, 1 cup	☹️	Anxious	
1p		Sandwich, footlong, ham	😊		
2p		12oz coffee and donut	😊	Sleepy	
7p		Lasagna, frozen family pack	☹️	Bloated	
9p		1 cup of water	☹️		
Movement	Time	Activity	Duration		
	9a	Walked to work	5 mins		
6p	Cardio (bike)	30 mins			
Sleep	Time	Notes			
	10:30p	Woke up @ 4am to visit the bathroom.			
Notes	Stressful day at work.				

Health Diary for:	
Start Date:	

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Day 1	Diet	Time	Food / Beverage	Mood	Symptoms
	Movement	Time	Activity	Duration	
Sleep	Time	Notes			
Notes					

Day 2	Diet	Time	Food / Beverage	Mood	Symptoms
	Movement	Time	Activity	Duration	
Sleep	Time	Notes			
Notes					

Day 3	Diet	Time	Food / Beverage	Mood	Symptoms
	Movement	Time	Activity	Duration	
Sleep	Time	Notes			
Notes					

Day 4	Diet	Time	Food / Beverage	Mood	Symptoms	
	Movement	Time	Activity	Duration		
	Sleep	Time	Notes			
	Notes					

Day 5	Diet	Time	Food / Beverage	Mood	Symptoms	
	Movement	Time	Activity	Duration		
	Sleep	Time	Notes			
	Notes					

Day 6	Diet	Time	Food / Beverage	Mood	Symptoms
	Movement	Time	Activity	Duration	
Sleep	Time	Notes			
Notes					

Day 7	Diet	Time	Food / Beverage	Mood	Symptoms
	Movement	Time	Activity	Duration	
Sleep	Time	Notes			
Notes					