

Activity Day 1	Date:	Week:
Awoke at	Time:	By Alarm: Yes / No Refreshed: Yes / No
Morning: Physical Activity	Yes / No	What activity and how long:
Morning Meal	What + quantity and timing of:	
Morning Snack	What + quantity and timing of:	
Noon: Physical Activity	Yes / No	What activity and how long:
Noon Meal	What + quantity and timing of:	
Mid-afternoon Snack	What + quantity and timing of:	
Evening: Physical Activity	Yes / No	What activity and how long:
Evening Meal	What + quantity and timing of:	
Evening Snack	What + quantity and timing of:	
Water	Cups per day:	Liters per day:
Type, quality, quantity of Fats/Oils used throughout the day, if not detailed above		
Condiments used throughout the day if not detailed above (salt, sugar, spices, herbs, etc.),		
Exercise Type and Duration (if not reported above)		
Natural Light	At what times of day and for how long:	
Relaxation/Rejuvenation Activity	What activity + times of day and for how long:	
Quality Time spent relating with loved ones	What activity + for how long:	
Time spent being creative in satisfying ways	What activity + for how long:	
Time to Bed (lights out)		

Activity Day 2	Date:	Week:
Awoke at	Time:	By Alarm: Yes / No Refreshed: Yes / No
Morning: Physical Activity	Yes / No	What activity and how long:
Morning Meal	What + quantity and timing of:	
Morning Snack	What + quantity and timing of:	
Noon: Physical Activity	Yes / No	What activity and how long:
Noon Meal	What + quantity and timing of:	
Mid-afternoon Snack	What + quantity and timing of:	
Evening: Physical Activity	Yes / No	What activity and how long:
Evening Meal	What + quantity and timing of:	
Evening Snack	What + quantity and timing of:	
Water	Cups per day:	Liters per day:
Type, quality, quantity of Fats/Oils used throughout the day, if not detailed above		
Condiments used throughout the day if not detailed above (salt, sugar, spices, herbs, etc.),		
Exercise Type and Duration (if not reported above)		
Natural Light	At what times of day and for how long:	
Relaxation/Rejuvenation Activity	What activity + times of day and for how long:	
Quality Time spent relating with loved ones	What activity + for how long:	
Time spent being creative in satisfying ways	What activity + for how long:	
Time to Bed (lights out)		

Activity Day 3	Date:	Week:
Awoke at	Time:	By Alarm: Yes / No Refreshed: Yes / No
Morning: Physical Activity	Yes / No	What activity and how long:
Morning Meal	What + quantity and timing of:	
Morning Snack	What + quantity and timing of:	
Noon: Physical Activity	Yes / No	What activity and how long:
Noon Meal	What + quantity and timing of:	
Mid-afternoon Snack	What + quantity and timing of:	
Evening: Physical Activity	Yes / No	What activity and how long:
Evening Meal	What + quantity and timing of:	
Evening Snack	What + quantity and timing of:	
Water	Cups per day:	Liters per day:
Type, quality, quantity of Fats/Oils used throughout the day, if not detailed above		
Condiments used throughout the day if not detailed above (salt, sugar, spices, herbs, etc.),		
Exercise Type and Duration (if not reported above)		
Natural Light	At what times of day and for how long:	
Relaxation/Rejuvenation Activity	What activity + times of day and for how long:	
Quality Time spent relating with loved ones	What activity + for how long:	
Time spent being creative in satisfying ways	What activity + for how long:	
Time to Bed (lights out)		

Activity Day 4	Date:	Week:
Awoke at	Time:	By Alarm: Yes / No Refreshed: Yes / No
Morning: Physical Activity	Yes / No	What activity and how long:
Morning Meal	What + quantity and timing of:	
Morning Snack	What + quantity and timing of:	
Noon: Physical Activity	Yes / No	What activity and how long:
Noon Meal	What + quantity and timing of:	
Mid-afternoon Snack	What + quantity and timing of:	
Evening: Physical Activity	Yes / No	What activity and how long:
Evening Meal	What + quantity and timing of:	
Evening Snack	What + quantity and timing of:	
Water	Cups per day:	Liters per day:
Type, quality, quantity of Fats/Oils used throughout the day, if not detailed above		
Condiments used throughout the day if not detailed above (salt, sugar, spices, herbs, etc.),		
Exercise Type and Duration (if not reported above)		
Natural Light	At what times of day and for how long:	
Relaxation/Rejuvenation Activity	What activity + times of day and for how long:	
Quality Time spent relating with loved ones	What activity + for how long:	
Time spent being creative in satisfying ways	What activity + for how long:	
Time to Bed (lights out)		

Activity Day 5	Date:	Week:
Awoke at	Time:	By Alarm: Yes / No Refreshed: Yes / No
Morning: Physical Activity	Yes / No	What activity and how long:
Morning Meal	What + quantity and timing of:	
Morning Snack	What + quantity and timing of:	
Noon: Physical Activity	Yes / No	What activity and how long:
Noon Meal	What + quantity and timing of:	
Mid-afternoon Snack	What + quantity and timing of:	
Evening: Physical Activity	Yes / No	What activity and how long:
Evening Meal	What + quantity and timing of:	
Evening Snack	What + quantity and timing of:	
Water	Cups per day:	Liters per day:
Type, quality, quantity of Fats/Oils used throughout the day, if not detailed above		
Condiments used throughout the day if not detailed above (salt, sugar, spices, herbs, etc.),		
Exercise Type and Duration (if not reported above)		
Natural Light	At what times of day and for how long:	
Relaxation/Rejuvenation Activity	What activity + times of day and for how long:	
Quality Time spent relating with loved ones	What activity + for how long:	
Time spent being creative in satisfying ways	What activity + for how long:	
Time to Bed (lights out)		

Activity Day 6	Date:	Week:
Awoke at	Time:	By Alarm: Yes / No Refreshed: Yes / No
Morning: Physical Activity	Yes / No	What activity and how long:
Morning Meal	What + quantity and timing of:	
Morning Snack	What + quantity and timing of:	
Noon: Physical Activity	Yes / No	What activity and how long:
Noon Meal	What + quantity and timing of:	
Mid-afternoon Snack	What + quantity and timing of:	
Evening: Physical Activity	Yes / No	What activity and how long:
Evening Meal	What + quantity and timing of:	
Evening Snack	What + quantity and timing of:	
Water	Cups per day:	Liters per day:
Type, quality, quantity of Fats/Oils used throughout the day, if not detailed above		
Condiments used throughout the day if not detailed above (salt, sugar, spices, herbs, etc.),		
Exercise Type and Duration (if not reported above)		
Natural Light	At what times of day and for how long:	
Relaxation/Rejuvenation Activity	What activity + times of day and for how long:	
Quality Time spent relating with loved ones	What activity + for how long:	
Time spent being creative in satisfying ways	What activity + for how long:	
Time to Bed (lights out)		

Activity Day 7	Date:	Week:
Awoke at	Time:	By Alarm: Yes / No Refreshed: Yes / No
Morning: Physical Activity	Yes / No	What activity and how long:
Morning Meal	What + quantity and timing of:	
Morning Snack	What + quantity and timing of:	
Noon: Physical Activity	Yes / No	What activity and how long:
Noon Meal	What + quantity and timing of:	
Mid-afternoon Snack	What + quantity and timing of:	
Evening: Physical Activity	Yes / No	What activity and how long:
Evening Meal	What + quantity and timing of:	
Evening Snack	What + quantity and timing of:	
Water	Cups per day:	Liters per day:
Type, quality, quantity of Fats/Oils used throughout the day, if not detailed above		
Condiments used throughout the day if not detailed above (salt, sugar, spices, herbs, etc.),		
Exercise Type and Duration (if not reported above)		
Natural Light	At what times of day and for how long:	
Relaxation/Rejuvenation Activity	What activity + times of day and for how long:	
Quality Time spent relating with loved ones	What activity + for how long:	
Time spent being creative in satisfying ways	What activity + for how long:	
Time to Bed (lights out)		