

# Abundant Life Nutrition and Health

## DIET DIARY / EXERCISE LOG

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

Please complete your  
**“Diet Diary / Exercise Log”**  
Every Day

1. Note the time you wake up.
2. Note the time of each meal or snack. List and describe in detail all foods and drinks, including the amount of each. Note whether the food was fresh, frozen, canned, raw, cooked, baked, fried, etc. Be sure to list everything you eat or drink, including any condiments used (i.e. mayonnaise, mustard, relish, etc.)
3. Keep track of how much water you drink and list the amount in ounces in the section provided. Also note the type and amount of any other drinks you consume.
4. Write down any activity or exercise you do, listing the kind of exercise you did and for how long you did it.
5. Note any periods of relaxation and what kind of relaxation it was.
6. Note the time you go to sleep.

DAY 1	Date: _____			
<b>WAKE UP</b>	Time: _____			
<b>QUIET PRAYER/ REFLECTION</b>	Time: _____			
<b>MORNING MEAL</b>	Time: _____ Content: _____			
<b>SNACK</b>	Time: _____ Content: _____			
<b>MID-DAY MEAL</b>	Time: _____ Content: _____			
<b>SNACK</b>	Time: _____ Content: _____			
<b>EVENING MEAL</b>	Time: _____ Content: _____			
<b>SNACK</b>	Time: _____ Content: _____			
<b>WATER (OUNCES)</b>	_____			
<b>OTHER DRINKS</b>	Type: Amount:	_____ _____	_____ _____	_____ _____
<b>ACTIVITY / EXERCISE</b>	Type: Length:	_____ _____	_____ _____	_____ _____
<b>RELAXATION</b>	Type: Length:	_____ _____	_____ _____	_____ _____
<b>SLEEP</b>	Time: _____			

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## DIET DIARY / EXERCISE LOG

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

DAY 2		Date:			DAY 3		Date:		
WAKE UP		Time: _____			WAKE UP		Time: _____		
QUIET PRAYER/ REFLECTION		Time: _____			QUIET PRAYER/ REFLECTION		Time: _____		
MORNING MEAL		Time: _____ Content: _____			MORNING MEAL		Time: _____ Content: _____		
SNACK		Time: _____ Content: _____			SNACK		Time: _____ Content: _____		
MID-DAY MEAL		Time: _____ Content: _____			MID-DAY MEAL		Time: _____ Content: _____		
SNACK		Time: _____ Content: _____			SNACK		Time: _____ Content: _____		
EVENING MEAL		Time: _____ Content: _____			EVENING MEAL		Time: _____ Content: _____		
SNACK		Time: _____ Content: _____			SNACK		Time: _____ Content: _____		
WATER (OUNCES)		_____			WATER (OUNCES)		_____		
OTHER DRINKS		Type: _____	_____	_____	OTHER DRINKS		Type: _____	_____	_____
		Amount: _____	_____	_____			Amount: _____	_____	_____
ACTIVITY / EXERCISE		Type: _____	_____	_____	ACTIVITY / EXERCISE		Type: _____	_____	_____
		Length: _____	_____	_____			Length: _____	_____	_____
RELAXATION		Type: _____	_____	_____	RELAXATION		Type: _____	_____	_____
		Length: _____	_____	_____			Length: _____	_____	_____
SLEEP		Time: _____			SLEEP		Time: _____		