292 Montreal Road, Suite 200, Ottawa, ON K1L 6B7

## Diet Journal / Exercise Log

## Name:

Please complete your "Diet Journal/ Exercise Log" every day for the next week.

- 1. Make note of the time that you wake up.
- 2. List and describe in detail all the food and drinks that you consume. The more information that you provide, the better we will be able to evaluate your diet and provide the most healthful suggestions. Some examples of helpful information to include are: the amount of each item, whether the food was fresh, frozen, canned, raw, cooked, baked or fried; the time of each meal or snack; and any condiments that were used.
- 3. List the amount of water and other fluids you drink in the section provided.
- 4. List the type and duration of exercise or activity you completed in the section at the bottom.
- 5. Note the type and duration of any periods of relaxation that you have throughout the day.
- 6. Record the time you go to bed each night.

Day 1	Date
Wake up:	
Morning meal	
Time:	
Snack time:	
Mid-Day meal	
Time:	
Snack time:	
Evening meal	
Time:	
Snack time:	
Water (ounces)	
Other drinks (that are not listed with	
meals/snacks above)	
Activity/ Exercise	
What kind:	
How long:	
Relaxation	
What type:	
How long:	
Sleep time:	

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	Day 2 Date	Day 3 Date
Wake up:		
Morning meal		
Time:		
Snack time:		
Mid-Day meal		
Time:		
Snack time:		
Evening meal		
Time:		
Snack time:		
Water (ounces)		
Other drinks (that are not		
listed with meals/snacks		
above)		
Activity/ Exercise		
What kind:		
How long:		
Relaxation		
What type:		
How long:		
Sleep time:		

	Day 4 Date	Day 5 Date	
Wake up:			
Morning meal			
Time:			
Snack time:			
Mid-Day meal			
Time:			
Snack time:			
Evening meal			
Time:			
Snack time:			

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Water (ounces)	
Other drinks (that are not	
listed with meals/snacks	
above)	
Activity/ Exercise	
What kind:	
How long:	
Relaxation	
What type:	
How long:	
Sleep time:	

	Day 6 Date	Day 7 Date
Wake up:		
Morning meal		
Time:		
Snack time:		
Mid-Day meal		
Time:		
Snack time:		
Evening meal		
Time:		
Snack time:		
Water (ounces)		
Other drinks (that are not		
listed with meals/snacks		
above)		
Activity/ Exercise		
What kind:		
How long:		
Relaxation		
What type:		
How long:		
Sleep time:		

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