

Name:

Janet Zarowitz, MS, RD, CDN

DIARY

	Date:	Date:
Wake time: Hours of sleep:		
Breakfast/first meal Time:		
Snack Time:		
Lunch/Mid-day Meal Time:		
Snack Time:		
Dinner/Evening Meal Time:		
Snack Time: Time last food before bed:		
Exercise/Activity What kind How long:		
Relaxation Type: How long:		
Tone of day: -/+ Feelings: Backdrop of day:		
Bedtime Time: Sleep difficulty?		
Reflections About today: About tomorrow:		

Describe food/drinks: amount, homemade, store bought, in-restaurant, fresh, frozen, canned, raw, cooked, baked, fried, condiments.