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 be-fore bed:		
Exercise/Activity What kind How long:		
Relaxation Type: How long:		
Tone of day: - + Feelings/stress Backdrop of day		
Bedtime Time: Sleep difficulty?		
Reflections About today/tomor		