

Monthly Nutrition and Lifestyle Log

Form # 0133.pub 7/01

Name: _____ Month: _____

Please take a few minutes at the end of each day to complete that day's row. This log helps to monitor your progress and record details regarding your daily activities and their results. Your metabolic report contains the specific instructions about how you should take your nutritional supplements, what foods you should be eating or avoiding, and how much water and exercise you should be getting. Please follow the directions below. There are no right or wrong answers - this is about how you feel.

Day	Meals & Snacks				Sleep hrs / quality	Exercise minutes	Water ounces	Other comments / events	Daily Rating
	Breakfast	Lunch	Dinner	Bedtime					
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
31									

Meals & Snacks: S, M, or L for small, medium, or large meals. If you took all of your recommended supplements, put a "+".

Water: Record the total ounces of water you drank for the day.

Exercise: List the number of minutes you spent exercising.

Sleep: List the number of hours and the quality of sleep as poor, fair, good, or excellent.

Other: Write any comments you wish - moods, events, etc.

Rating: Rate the day on a 0 to 10 scale.
 0 = the worst day you can remember.
 10 = the best day you can remember.
 Average days are 4, 5, or 6.

Monthly Nutrition and Lifestyle Log

Form # 0133.pub 7/01

Name: _____ Month: _____

Please take a few minutes at the end of each day to complete that day's row. This log helps to monitor your progress and record details regarding your daily activities and their results. Your metabolic report contains the specific instructions about how you should take your nutritional supplements, what foods you should be eating or avoiding, and how much water and exercise you should be getting. Please follow the directions below. There are no right or wrong answers - this is about how you feel.

Day	Meals & Snacks				Sleep hrs / quality	Exercise minutes	Water ounces	Other comments / events	Daily Rating
	Breakfast	Lunch	Dinner	Bedtime					
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
31									

Meals & Snacks: S, M, or L for small, medium, or large meals. If you took all of your recommended supplements, put a "+".

Water: Record the total ounces of water you drank for the day.

Exercise: List the number of minutes you spent exercising.

Sleep: List the number of hours and the quality of sleep as poor, fair, good, or excellent.

Other: Write any comments you wish - moods, events, etc.

Rating: Rate the day on a 0 to 10 scale.
 0 = the worst day you can remember.
 10 = the best day you can remember.
 Average days are 4, 5, or 6.