

Lifestyle (Diet, Exercise and Sleep) Diary

Please take the time to complete the following survey carefully and accurately. List in detail the quantity and the exact nature of all foods and beverages consumed (i.e. frozen, canned, etc.). Please mention if the foods were raw, cooked, or altered. Be sure to list all beverages, all fats or oils (butter, olive, vegetable) and any condiments used (i.e. mayonnaise, mustard, relish, salad dressing, etc.).

Also record your feelings while eating the meals (Anxious/angry/happy/sad/excited/any other feeling)

Please complete the exercise activity portion as well, listing the type of exercise, its du ration and your pulse before and during exercising.

Also record any periods of relaxation.

Please include any supplements (i.e. vitamins, enzymes, etc.) or any medications that you are taking.