



# Diet, Nutrition, and Lifestyle Journal – 7 Day

Patient Name \_\_\_\_\_ Date \_\_\_\_\_

Food Plan Type: \_\_\_\_\_

## Day 1

Day Event	Food & Drink Intake (include type, amount, brand)	Macronutrients (PFC) and Phytonutrients
Rising Time		
Breakfast <b>Time</b>		_____ <b>P</b> _____ <b>F</b> _____ <b>C</b> <input type="checkbox"/> <b>R</b> <input type="checkbox"/> <b>O</b> <input type="checkbox"/> <b>Y</b> <input type="checkbox"/> <b>G</b> <input type="checkbox"/> <b>B/P/BL</b> <input type="checkbox"/> <b>W/T/BR</b>
Mid-AM Snack <b>Time</b>		_____ <b>P</b> _____ <b>F</b> _____ <b>C</b> <input type="checkbox"/> <b>R</b> <input type="checkbox"/> <b>O</b> <input type="checkbox"/> <b>Y</b> <input type="checkbox"/> <b>G</b> <input type="checkbox"/> <b>B/P/BL</b> <input type="checkbox"/> <b>W/T/BR</b>
Lunch <b>Time</b>		_____ <b>P</b> _____ <b>F</b> _____ <b>C</b> <input type="checkbox"/> <b>R</b> <input type="checkbox"/> <b>O</b> <input type="checkbox"/> <b>Y</b> <input type="checkbox"/> <b>G</b> <input type="checkbox"/> <b>B/P/BL</b> <input type="checkbox"/> <b>W/T/BR</b>
Mid-PM Snack <b>Time</b>		_____ <b>P</b> _____ <b>F</b> _____ <b>C</b> <input type="checkbox"/> <b>R</b> <input type="checkbox"/> <b>O</b> <input type="checkbox"/> <b>Y</b> <input type="checkbox"/> <b>G</b> <input type="checkbox"/> <b>B/P/BL</b> <input type="checkbox"/> <b>W/T/BR</b>
Dinner <b>Time</b>		_____ <b>P</b> _____ <b>F</b> _____ <b>C</b> <input type="checkbox"/> <b>R</b> <input type="checkbox"/> <b>O</b> <input type="checkbox"/> <b>Y</b> <input type="checkbox"/> <b>G</b> <input type="checkbox"/> <b>B/P/BL</b> <input type="checkbox"/> <b>W/T/BR</b>
PM Snack <b>Time</b>		_____ <b>P</b> _____ <b>F</b> _____ <b>C</b> <input type="checkbox"/> <b>R</b> <input type="checkbox"/> <b>O</b> <input type="checkbox"/> <b>Y</b> <input type="checkbox"/> <b>G</b> <input type="checkbox"/> <b>B/P/BL</b> <input type="checkbox"/> <b>W/T/BR</b>
Bed Time		

**P:** Proteins; **F:** Fats; **C:** Carbohydrates; **R:** Red; **O:** Orange; **Y:** Yellow; **G:** Green; **B/P/BL:** Blue/Purple/Black; **W/T/BR:** White/Tan/Brown

Sleep & Relaxation	Exercise & Movement	Stress	Relationships
<p><b>Sleep</b> Quantity: _____ (hours) Quality: <input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good</p> <p><b>Relaxation</b> <input type="checkbox"/> Yes   <input type="checkbox"/> No Type/Amount:</p>	<p>Type, Duration, &amp; Intensity</p> <p><input type="checkbox"/> Aerobic:</p> <p><input type="checkbox"/> Strength:</p> <p><input type="checkbox"/> Flexibility:</p>	<p>Stress Reduction Practices:</p> <p>Stressors:</p>	<p>Supporting:</p> <p>Non-supporting:</p>

Mental	Emotional	Spiritual



# Diet, Nutrition, and Lifestyle Journal – 7 Day

Patient Name \_\_\_\_\_ Date \_\_\_\_\_

Food Plan Type: \_\_\_\_\_

## Day 2

Day Event	Food & Drink Intake (include type, amount, brand)	Macronutrients (PFC) and Phytonutrients
Rising Time		
Breakfast <b>Time</b>		_____ <b>P</b> _____ <b>F</b> _____ <b>C</b> <input type="checkbox"/> <b>R</b> <input type="checkbox"/> <b>O</b> <input type="checkbox"/> <b>Y</b> <input type="checkbox"/> <b>G</b> <input type="checkbox"/> <b>B/P/BL</b> <input type="checkbox"/> <b>W/T/BR</b>
Mid-AM Snack <b>Time</b>		_____ <b>P</b> _____ <b>F</b> _____ <b>C</b> <input type="checkbox"/> <b>R</b> <input type="checkbox"/> <b>O</b> <input type="checkbox"/> <b>Y</b> <input type="checkbox"/> <b>G</b> <input type="checkbox"/> <b>B/P/BL</b> <input type="checkbox"/> <b>W/T/BR</b>
Lunch <b>Time</b>		_____ <b>P</b> _____ <b>F</b> _____ <b>C</b> <input type="checkbox"/> <b>R</b> <input type="checkbox"/> <b>O</b> <input type="checkbox"/> <b>Y</b> <input type="checkbox"/> <b>G</b> <input type="checkbox"/> <b>B/P/BL</b> <input type="checkbox"/> <b>W/T/BR</b>
Mid-PM Snack <b>Time</b>		_____ <b>P</b> _____ <b>F</b> _____ <b>C</b> <input type="checkbox"/> <b>R</b> <input type="checkbox"/> <b>O</b> <input type="checkbox"/> <b>Y</b> <input type="checkbox"/> <b>G</b> <input type="checkbox"/> <b>B/P/BL</b> <input type="checkbox"/> <b>W/T/BR</b>
Dinner <b>Time</b>		_____ <b>P</b> _____ <b>F</b> _____ <b>C</b> <input type="checkbox"/> <b>R</b> <input type="checkbox"/> <b>O</b> <input type="checkbox"/> <b>Y</b> <input type="checkbox"/> <b>G</b> <input type="checkbox"/> <b>B/P/BL</b> <input type="checkbox"/> <b>W/T/BR</b>
PM Snack <b>Time</b>		_____ <b>P</b> _____ <b>F</b> _____ <b>C</b> <input type="checkbox"/> <b>R</b> <input type="checkbox"/> <b>O</b> <input type="checkbox"/> <b>Y</b> <input type="checkbox"/> <b>G</b> <input type="checkbox"/> <b>B/P/BL</b> <input type="checkbox"/> <b>W/T/BR</b>
Bed Time		

**P:** Proteins; **F:** Fats; **C:** Carbohydrates; **R:** Red; **O:** Orange; **Y:** Yellow; **G:** Green; **B/P/BL:** Blue/Purple/Black; **W/T/BR:** White/Tan/Brown

Sleep & Relaxation	Exercise & Movement	Stress	Relationships
<p><b>Sleep</b> Quantity: _____ (hours) Quality: <input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good</p> <p><b>Relaxation</b> <input type="checkbox"/> Yes   <input type="checkbox"/> No Type/Amount:</p>	<p>Type, Duration, &amp; Intensity</p> <p><input type="checkbox"/> Aerobic:</p> <p><input type="checkbox"/> Strength:</p> <p><input type="checkbox"/> Flexibility:</p>	<p>Stress Reduction Practices:</p> <p>Stressors:</p>	<p>Supporting:</p> <p>Non-supporting:</p>

Mental	Emotional	Spiritual



# Diet, Nutrition, and Lifestyle Journal – 7 Day

Patient Name \_\_\_\_\_ Date \_\_\_\_\_

Food Plan Type: \_\_\_\_\_

## Day 3

Day Event	Food & Drink Intake (include type, amount, brand)	Macronutrients (PFC) and Phytonutrients
Rising Time		
Breakfast <b>Time</b>		_____ <b>P</b> _____ <b>F</b> _____ <b>C</b> <input type="checkbox"/> <b>R</b> <input type="checkbox"/> <b>O</b> <input type="checkbox"/> <b>Y</b> <input type="checkbox"/> <b>G</b> <input type="checkbox"/> <b>B/P/BL</b> <input type="checkbox"/> <b>W/T/BR</b>
Mid-AM Snack <b>Time</b>		_____ <b>P</b> _____ <b>F</b> _____ <b>C</b> <input type="checkbox"/> <b>R</b> <input type="checkbox"/> <b>O</b> <input type="checkbox"/> <b>Y</b> <input type="checkbox"/> <b>G</b> <input type="checkbox"/> <b>B/P/BL</b> <input type="checkbox"/> <b>W/T/BR</b>
Lunch <b>Time</b>		_____ <b>P</b> _____ <b>F</b> _____ <b>C</b> <input type="checkbox"/> <b>R</b> <input type="checkbox"/> <b>O</b> <input type="checkbox"/> <b>Y</b> <input type="checkbox"/> <b>G</b> <input type="checkbox"/> <b>B/P/BL</b> <input type="checkbox"/> <b>W/T/BR</b>
Mid-PM Snack <b>Time</b>		_____ <b>P</b> _____ <b>F</b> _____ <b>C</b> <input type="checkbox"/> <b>R</b> <input type="checkbox"/> <b>O</b> <input type="checkbox"/> <b>Y</b> <input type="checkbox"/> <b>G</b> <input type="checkbox"/> <b>B/P/BL</b> <input type="checkbox"/> <b>W/T/BR</b>
Dinner <b>Time</b>		_____ <b>P</b> _____ <b>F</b> _____ <b>C</b> <input type="checkbox"/> <b>R</b> <input type="checkbox"/> <b>O</b> <input type="checkbox"/> <b>Y</b> <input type="checkbox"/> <b>G</b> <input type="checkbox"/> <b>B/P/BL</b> <input type="checkbox"/> <b>W/T/BR</b>
PM Snack <b>Time</b>		_____ <b>P</b> _____ <b>F</b> _____ <b>C</b> <input type="checkbox"/> <b>R</b> <input type="checkbox"/> <b>O</b> <input type="checkbox"/> <b>Y</b> <input type="checkbox"/> <b>G</b> <input type="checkbox"/> <b>B/P/BL</b> <input type="checkbox"/> <b>W/T/BR</b>
Bed Time		

**P:** Proteins; **F:** Fats; **C:** Carbohydrates; **R:** Red; **O:** Orange; **Y:** Yellow; **G:** Green; **B/P/BL:** Blue/Purple/Black; **W/T/BR:** White/Tan/Brown

Sleep & Relaxation	Exercise & Movement	Stress	Relationships
<p><b>Sleep</b> Quantity: _____ (hours) Quality: <input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good</p> <p><b>Relaxation</b> <input type="checkbox"/> Yes   <input type="checkbox"/> No Type/Amount:</p>	<p>Type, Duration, &amp; Intensity</p> <p><input type="checkbox"/> Aerobic:</p> <p><input type="checkbox"/> Strength:</p> <p><input type="checkbox"/> Flexibility:</p>	<p>Stress Reduction Practices:</p> <p>Stressors:</p>	<p>Supporting:</p> <p>Non-supporting:</p>

Mental	Emotional	Spiritual





# Diet, Nutrition, and Lifestyle Journal – 7 Day

Patient Name \_\_\_\_\_ Date \_\_\_\_\_

Food Plan Type: \_\_\_\_\_

## Day 4

Day Event	Food & Drink Intake (include type, amount, brand)	Macronutrients (PFC) and Phytonutrients
Rising Time		
Breakfast <b>Time</b>		_____ <b>P</b> _____ <b>F</b> _____ <b>C</b> <input type="checkbox"/> <b>R</b> <input type="checkbox"/> <b>O</b> <input type="checkbox"/> <b>Y</b> <input type="checkbox"/> <b>G</b> <input type="checkbox"/> <b>B/P/BL</b> <input type="checkbox"/> <b>W/T/BR</b>
Mid-AM Snack <b>Time</b>		_____ <b>P</b> _____ <b>F</b> _____ <b>C</b> <input type="checkbox"/> <b>R</b> <input type="checkbox"/> <b>O</b> <input type="checkbox"/> <b>Y</b> <input type="checkbox"/> <b>G</b> <input type="checkbox"/> <b>B/P/BL</b> <input type="checkbox"/> <b>W/T/BR</b>
Lunch <b>Time</b>		_____ <b>P</b> _____ <b>F</b> _____ <b>C</b> <input type="checkbox"/> <b>R</b> <input type="checkbox"/> <b>O</b> <input type="checkbox"/> <b>Y</b> <input type="checkbox"/> <b>G</b> <input type="checkbox"/> <b>B/P/BL</b> <input type="checkbox"/> <b>W/T/BR</b>
Mid-PM Snack <b>Time</b>		_____ <b>P</b> _____ <b>F</b> _____ <b>C</b> <input type="checkbox"/> <b>R</b> <input type="checkbox"/> <b>O</b> <input type="checkbox"/> <b>Y</b> <input type="checkbox"/> <b>G</b> <input type="checkbox"/> <b>B/P/BL</b> <input type="checkbox"/> <b>W/T/BR</b>
Dinner <b>Time</b>		_____ <b>P</b> _____ <b>F</b> _____ <b>C</b> <input type="checkbox"/> <b>R</b> <input type="checkbox"/> <b>O</b> <input type="checkbox"/> <b>Y</b> <input type="checkbox"/> <b>G</b> <input type="checkbox"/> <b>B/P/BL</b> <input type="checkbox"/> <b>W/T/BR</b>
PM Snack <b>Time</b>		_____ <b>P</b> _____ <b>F</b> _____ <b>C</b> <input type="checkbox"/> <b>R</b> <input type="checkbox"/> <b>O</b> <input type="checkbox"/> <b>Y</b> <input type="checkbox"/> <b>G</b> <input type="checkbox"/> <b>B/P/BL</b> <input type="checkbox"/> <b>W/T/BR</b>
Bed Time		

**P:** Proteins; **F:** Fats; **C:** Carbohydrates; **R:** Red; **O:** Orange; **Y:** Yellow; **G:** Green; **B/P/BL:** Blue/Purple/Black; **W/T/BR:** White/Tan/Brown

Sleep & Relaxation	Exercise & Movement	Stress	Relationships
<b>Sleep</b> Quantity: _____ (hours) Quality: <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good  <b>Relaxation</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Type/Amount:	Type, Duration, & Intensity <input type="checkbox"/> Aerobic:  <input type="checkbox"/> Strength:  <input type="checkbox"/> Flexibility:	Stress Reduction Practices:   Stressors:	Supporting:   Non-supporting:

Mental	Emotional	Spiritual



# Diet, Nutrition, and Lifestyle Journal – 7 Day

Patient Name \_\_\_\_\_ Date \_\_\_\_\_

Food Plan Type: \_\_\_\_\_

## Day 5

Day Event	Food & Drink Intake (include type, amount, brand)	Macronutrients (PFC) and Phytonutrients
Rising Time		
Breakfast <b>Time</b>		_____ <b>P</b> _____ <b>F</b> _____ <b>C</b> <input type="checkbox"/> <b>R</b> <input type="checkbox"/> <b>O</b> <input type="checkbox"/> <b>Y</b> <input type="checkbox"/> <b>G</b> <input type="checkbox"/> <b>B/P/BL</b> <input type="checkbox"/> <b>W/T/BR</b>
Mid-AM Snack <b>Time</b>		_____ <b>P</b> _____ <b>F</b> _____ <b>C</b> <input type="checkbox"/> <b>R</b> <input type="checkbox"/> <b>O</b> <input type="checkbox"/> <b>Y</b> <input type="checkbox"/> <b>G</b> <input type="checkbox"/> <b>B/P/BL</b> <input type="checkbox"/> <b>W/T/BR</b>
Lunch <b>Time</b>		_____ <b>P</b> _____ <b>F</b> _____ <b>C</b> <input type="checkbox"/> <b>R</b> <input type="checkbox"/> <b>O</b> <input type="checkbox"/> <b>Y</b> <input type="checkbox"/> <b>G</b> <input type="checkbox"/> <b>B/P/BL</b> <input type="checkbox"/> <b>W/T/BR</b>
Mid-PM Snack <b>Time</b>		_____ <b>P</b> _____ <b>F</b> _____ <b>C</b> <input type="checkbox"/> <b>R</b> <input type="checkbox"/> <b>O</b> <input type="checkbox"/> <b>Y</b> <input type="checkbox"/> <b>G</b> <input type="checkbox"/> <b>B/P/BL</b> <input type="checkbox"/> <b>W/T/BR</b>
Dinner <b>Time</b>		_____ <b>P</b> _____ <b>F</b> _____ <b>C</b> <input type="checkbox"/> <b>R</b> <input type="checkbox"/> <b>O</b> <input type="checkbox"/> <b>Y</b> <input type="checkbox"/> <b>G</b> <input type="checkbox"/> <b>B/P/BL</b> <input type="checkbox"/> <b>W/T/BR</b>
PM Snack <b>Time</b>		_____ <b>P</b> _____ <b>F</b> _____ <b>C</b> <input type="checkbox"/> <b>R</b> <input type="checkbox"/> <b>O</b> <input type="checkbox"/> <b>Y</b> <input type="checkbox"/> <b>G</b> <input type="checkbox"/> <b>B/P/BL</b> <input type="checkbox"/> <b>W/T/BR</b>
Bed Time		

**P:** Proteins; **F:** Fats; **C:** Carbohydrates; **R:** Red; **O:** Orange; **Y:** Yellow; **G:** Green; **B/P/BL:** Blue/Purple/Black; **W/T/BR:** White/Tan/Brown

Sleep & Relaxation	Exercise & Movement	Stress	Relationships
<p><b>Sleep</b> Quantity: _____ (hours) Quality: <input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good</p> <p><b>Relaxation</b> <input type="checkbox"/> Yes   <input type="checkbox"/> No Type/Amount:</p>	<p>Type, Duration, &amp; Intensity</p> <p><input type="checkbox"/> Aerobic:</p> <p><input type="checkbox"/> Strength:</p> <p><input type="checkbox"/> Flexibility:</p>	<p>Stress Reduction Practices:</p> <p>Stressors:</p>	<p>Supporting:</p> <p>Non-supporting:</p>

Mental	Emotional	Spiritual



# Diet, Nutrition, and Lifestyle Journal – 7 Day

Patient Name \_\_\_\_\_ Date \_\_\_\_\_

Food Plan Type: \_\_\_\_\_

## Day 6

Day Event	Food & Drink Intake (include type, amount, brand)	Macronutrients (PFC) and Phytonutrients
Rising Time		
Breakfast <b>Time</b>		_____ <b>P</b> _____ <b>F</b> _____ <b>C</b> <input type="checkbox"/> <b>R</b> <input type="checkbox"/> <b>O</b> <input type="checkbox"/> <b>Y</b> <input type="checkbox"/> <b>G</b> <input type="checkbox"/> <b>B/P/BL</b> <input type="checkbox"/> <b>W/T/BR</b>
Mid-AM Snack <b>Time</b>		_____ <b>P</b> _____ <b>F</b> _____ <b>C</b> <input type="checkbox"/> <b>R</b> <input type="checkbox"/> <b>O</b> <input type="checkbox"/> <b>Y</b> <input type="checkbox"/> <b>G</b> <input type="checkbox"/> <b>B/P/BL</b> <input type="checkbox"/> <b>W/T/BR</b>
Lunch <b>Time</b>		_____ <b>P</b> _____ <b>F</b> _____ <b>C</b> <input type="checkbox"/> <b>R</b> <input type="checkbox"/> <b>O</b> <input type="checkbox"/> <b>Y</b> <input type="checkbox"/> <b>G</b> <input type="checkbox"/> <b>B/P/BL</b> <input type="checkbox"/> <b>W/T/BR</b>
Mid-PM Snack <b>Time</b>		_____ <b>P</b> _____ <b>F</b> _____ <b>C</b> <input type="checkbox"/> <b>R</b> <input type="checkbox"/> <b>O</b> <input type="checkbox"/> <b>Y</b> <input type="checkbox"/> <b>G</b> <input type="checkbox"/> <b>B/P/BL</b> <input type="checkbox"/> <b>W/T/BR</b>
Dinner <b>Time</b>		_____ <b>P</b> _____ <b>F</b> _____ <b>C</b> <input type="checkbox"/> <b>R</b> <input type="checkbox"/> <b>O</b> <input type="checkbox"/> <b>Y</b> <input type="checkbox"/> <b>G</b> <input type="checkbox"/> <b>B/P/BL</b> <input type="checkbox"/> <b>W/T/BR</b>
PM Snack <b>Time</b>		_____ <b>P</b> _____ <b>F</b> _____ <b>C</b> <input type="checkbox"/> <b>R</b> <input type="checkbox"/> <b>O</b> <input type="checkbox"/> <b>Y</b> <input type="checkbox"/> <b>G</b> <input type="checkbox"/> <b>B/P/BL</b> <input type="checkbox"/> <b>W/T/BR</b>
Bed Time		

**P:** Proteins; **F:** Fats; **C:** Carbohydrates; **R:** Red; **O:** Orange; **Y:** Yellow; **G:** Green; **B/P/BL:** Blue/Purple/Black; **W/T/BR:** White/Tan/Brown

Sleep & Relaxation	Exercise & Movement	Stress	Relationships
<b>Sleep</b> Quantity: _____ (hours) Quality: <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <b>Relaxation</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Type/Amount:	Type, Duration, & Intensity <input type="checkbox"/> Aerobic:  <input type="checkbox"/> Strength:  <input type="checkbox"/> Flexibility:	Stress Reduction Practices:   Stressors:	Supporting:   Non-supporting:

Mental	Emotional	Spiritual



# Diet, Nutrition, and Lifestyle Journal – 7 Day

Patient Name \_\_\_\_\_ Date \_\_\_\_\_

Food Plan Type: \_\_\_\_\_

## Day 7

Day Event	Food & Drink Intake (include type, amount, brand)	Macronutrients (PFC) and Phytonutrients
Rising Time		
Breakfast <b>Time</b>		_____ <b>P</b> _____ <b>F</b> _____ <b>C</b> <input type="checkbox"/> <b>R</b> <input type="checkbox"/> <b>O</b> <input type="checkbox"/> <b>Y</b> <input type="checkbox"/> <b>G</b> <input type="checkbox"/> <b>B/P/BL</b> <input type="checkbox"/> <b>W/T/BR</b>
Mid-AM Snack <b>Time</b>		_____ <b>P</b> _____ <b>F</b> _____ <b>C</b> <input type="checkbox"/> <b>R</b> <input type="checkbox"/> <b>O</b> <input type="checkbox"/> <b>Y</b> <input type="checkbox"/> <b>G</b> <input type="checkbox"/> <b>B/P/BL</b> <input type="checkbox"/> <b>W/T/BR</b>
Lunch <b>Time</b>		_____ <b>P</b> _____ <b>F</b> _____ <b>C</b> <input type="checkbox"/> <b>R</b> <input type="checkbox"/> <b>O</b> <input type="checkbox"/> <b>Y</b> <input type="checkbox"/> <b>G</b> <input type="checkbox"/> <b>B/P/BL</b> <input type="checkbox"/> <b>W/T/BR</b>
Mid-PM Snack <b>Time</b>		_____ <b>P</b> _____ <b>F</b> _____ <b>C</b> <input type="checkbox"/> <b>R</b> <input type="checkbox"/> <b>O</b> <input type="checkbox"/> <b>Y</b> <input type="checkbox"/> <b>G</b> <input type="checkbox"/> <b>B/P/BL</b> <input type="checkbox"/> <b>W/T/BR</b>
Dinner <b>Time</b>		_____ <b>P</b> _____ <b>F</b> _____ <b>C</b> <input type="checkbox"/> <b>R</b> <input type="checkbox"/> <b>O</b> <input type="checkbox"/> <b>Y</b> <input type="checkbox"/> <b>G</b> <input type="checkbox"/> <b>B/P/BL</b> <input type="checkbox"/> <b>W/T/BR</b>
PM Snack <b>Time</b>		_____ <b>P</b> _____ <b>F</b> _____ <b>C</b> <input type="checkbox"/> <b>R</b> <input type="checkbox"/> <b>O</b> <input type="checkbox"/> <b>Y</b> <input type="checkbox"/> <b>G</b> <input type="checkbox"/> <b>B/P/BL</b> <input type="checkbox"/> <b>W/T/BR</b>
Bed Time		

**P:** Proteins; **F:** Fats; **C:** Carbohydrates; **R:** Red; **O:** Orange; **Y:** Yellow; **G:** Green; **B/P/BL:** Blue/Purple/Black; **W/T/BR:** White/Tan/Brown

Sleep & Relaxation	Exercise & Movement	Stress	Relationships
<p><b>Sleep</b> Quantity: _____ (hours) Quality: <input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good</p> <p><b>Relaxation</b> <input type="checkbox"/> Yes   <input type="checkbox"/> No Type/Amount:</p>	<p>Type, Duration, &amp; Intensity</p> <p><input type="checkbox"/> Aerobic:</p> <p><input type="checkbox"/> Strength:</p> <p><input type="checkbox"/> Flexibility:</p>	<p>Stress Reduction Practices:</p> <p>Stressors:</p>	<p>Supporting:</p> <p>Non-supporting:</p>

Mental	Emotional	Spiritual

