



NOT SO FAST!

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This will allow you to complete the form and save it. When you’re done, please email your Diet, Exercise and Sleep Diary to:
thewellnesscsi23@gmail.com

Thank you!



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CONFIDENTIAL DIET, EXERCISE AND SLEEP DIARY

Hello and Welcome!

Please take the time to complete the following diaries carefully, mindfully and accurately. List in detail the quantity and the exact nature of all foods and beverages consumed (i.e. frozen, canned, organic, etc.). Please mention if the foods were raw, cooked, or altered. Be sure to list all beverages, all fats or oils and any condiments used (i.e. mayonnaise, mustard, relish, salad dressing, etc.). Please complete the exercise activity portion as well, listing the type of exercise, its duration and your pulse before and during exercising. Also record any periods of relaxation. Please include any supplements (i.e. vitamins, enzymes, what kind, protein shakes, what protein did you use, etc.) or any medications that you are taking as well.

Also let me know

What foods did you eat often as a child?

BREAKFAST	LUNCH	DINNER	SNACKS	BEVERAGES

What's your food like these days?

BREAKFAST	LUNCH	DINNER	SNACKS	BEVERAGES

Will family and/or friends be supportive of your desire to make food and/or lifestyle changes?

What percentage of your food is home cooked?

How often do you cook?

Where do you get the rest from?

Do you crave sugar, coffee, cigarettes, or have any major addictions?

The most important thing I should change about my diet to improve my health is:

Is there anything else you would like to share?

Now Be Very Specific For the Next 5 Day!

CONFIDENTIAL DIET, EXERCISE AND SLEEP DIARY

DAY 1	DATE
Snack	Time
Breakfast	Time
Snack	Time
Lunch	Time
Snack	Time
Dinner	Time
Late Night Snack	Time
Water Source (oz/cups)	
Additional Beverages	
Fats/Oils	
Condiments (sugar/salt/spices, etc.)	
Exercise (Type, Duration, Pulse Before, Pulse During)	
Relaxation (Type, Duration)	

What time did you go to bed last night? _____

What time did you get up this morning? _____

How was your sleep quality? Sound Restless

Did you awake during the night? Reasons: _____

Did you have night sweats? Yes No

When you wake up you are: Refreshed Tired

Were you a slow starter in the morning? Yes No

If Yes, how long did it take to feel alert? _____

CONFIDENTIAL DIET, EXERCISE AND SLEEP DIARY

DAY 2	DATE
Snack	Time
Breakfast	Time
Snack	Time
Lunch	Time
Snack	Time
Dinner	Time
Late Night Snack	Time
Water Source (oz/cups)	
Additional Beverages	
Fats/Oils	
Condiments (sugar/salt/spices, etc.)	
Exercise (Type, Duration, Pulse Before, Pulse During)	
Relaxation (Type, Duration)	

What time did you go to bed last night? _____

What time did you get up this morning? _____

How was your sleep quality? Sound Restless

Did you awake during the night? Reasons: _____

Did you have night sweats? Yes No

When you wake up you are: Refreshed Tired

Were you a slow starter in the morning? Yes No

If Yes, how long did it take to feel alert? _____

CONFIDENTIAL DIET, EXERCISE AND SLEEP DIARY

DAY 3	DATE
Snack	Time
Breakfast	Time
Snack	Time
Lunch	Time
Snack	Time
Dinner	Time
Late Night Snack	Time
Water Source (oz/cups)	
Additional Beverages	
Fats/Oils	
Condiments (sugar/salt/spices, etc.)	
Exercise (Type, Duration, Pulse Before, Pulse During)	
Relaxation (Type, Duration)	

What time did you go to bed last night? _____

What time did you get up this morning? _____

How was your sleep quality? Sound Restless

Did you awake during the night? Reasons: _____

Did you have night sweats? Yes No

When you wake up you are: Refreshed Tired

Were you a slow starter in the morning? Yes No

If Yes, how long did it take to feel alert? _____

CONFIDENTIAL DIET, EXERCISE AND SLEEP DIARY

DAY 4	DATE
Snack	Time
Breakfast	Time
Snack	Time
Lunch	Time
Snack	Time
Dinner	Time
Late Night Snack	Time
Water Source (oz/cups)	
Additional Beverages	
Fats/Oils	
Condiments (sugar/salt/spices, etc.)	
Exercise (Type, Duration, Pulse Before, Pulse During)	
Relaxation (Type, Duration)	

What time did you go to bed last night? _____

What time did you get up this morning? _____

How was your sleep quality? Sound Restless

Did you awake during the night? Reasons: _____

Did you have night sweats? Yes No

When you wake up you are: Refreshed Tired

Were you a slow starter in the morning? Yes No

If Yes, how long did it take to feel alert? _____

CONFIDENTIAL DIET, EXERCISE AND SLEEP DIARY

DAY 5	DATE
Snack	Time
Breakfast	Time
Snack	Time
Lunch	Time
Snack	Time
Dinner	Time
Late Night Snack	Time
Water Source (oz/cups)	
Additional Beverages	
Fats/Oils	
Condiments (sugar/salt/spices, etc.)	
Exercise (Type, Duration, Pulse Before, Pulse During)	
Relaxation (Type, Duration)	

What time did you go to bed last night? _____

What time did you get up this morning? _____

How was your sleep quality? Sound Restless

Did you awake during the night? Reasons: _____

Did you have night sweats? Yes No

When you wake up you are: Refreshed Tired

Were you a slow starter in the morning? Yes No

If Yes, how long did it take to feel alert? _____