



Westcoast Women's Clinic for Midlife Health  
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## **INSTRUCTIONS**

**PLEASE NOTE: THIS FORM IS TO PROVIDE A SUMMARY OF YOUR TYPICAL DIET AND EXERCISE PATTERNS.**

- 1) Make note of the time you wake up.
- 2) List and describe in detail all foods and drinks including amount of each.  
Make note if whether the food was fresh, frozen, canned, raw, cooked, baked, fried, etc.  
Note the time of each meal or snack. Be sure to list everything you eat or drink.
- 3) Keep track of how much water you drink and list the amount in ounces in the section provided.  
Also note the type and amount of any drinks you consume.
- 4) Write down any activity or exercise you do in the section at the bottom, listing the kind of exercise you did and for how long.
- 5) Note any periods of relaxation and what kind of relaxation it was.
- 6) Note the time you go to sleep.

**PLEASE ENSURE THIS IS FILLED OUT FOR YOUR INITIAL CONSULT, THANK YOU.**



## Diet and Exercise Log

Name: \_\_\_\_\_

Day 1	Day 2	Day 3
<b>Date:</b> _____	<b>Date:</b> _____	<b>Date:</b> _____
<b>Morning</b> Time: _____	<b>Morning</b> Time: _____	<b>Morning</b> Time: _____
<b>Meal:</b> _____	<b>Meal:</b> _____	<b>Meal:</b> _____
_____	_____	_____
_____	_____	_____
<b>Snack</b> Time: _____	<b>Snack</b> Time: _____	<b>Snack</b> Time: _____
_____	_____	_____
_____	_____	_____
<b>Mid Day</b> Time: _____	<b>Mid Day</b> Time: _____	<b>Mid Day</b> Time: _____
<b>Meal:</b> _____	<b>Meal:</b> _____	<b>Meal:</b> _____
_____	_____	_____
_____	_____	_____
<b>Snack:</b> Time: _____	<b>Snack:</b> Time: _____	<b>Snack:</b> Time: _____
_____	_____	_____
_____	_____	_____
<b>Evening</b> Time: _____	<b>Evening</b> Time: _____	<b>Evening</b> Time: _____
<b>Meal:</b> _____	<b>Meal:</b> _____	<b>Meal:</b> _____
_____	_____	_____
_____	_____	_____
<b>Water</b> _____	<b>Water</b> _____	<b>Water</b> _____
<b>(oz):</b> _____	<b>(oz):</b> _____	<b>(oz):</b> _____
<b>Other</b> _____	<b>Other</b> _____	<b>Other</b> _____
<b>Drinks:</b> _____	<b>Drinks:</b> _____	<b>Drinks:</b> _____
_____	_____	_____
<b>Exercise</b> _____	<b>Exercise</b> _____	<b>Exercise</b> _____
What kind: _____	What kind: _____	What kind: _____
_____	_____	_____
How long: _____	How long: _____	How long: _____
_____	_____	_____
Time(s): _____	Time(s): _____	Time(s): _____
<b>Relaxation,</b> _____	<b>Relaxation,</b> _____	<b>Relaxation,</b> _____
<b>Mind/Body</b> _____	<b>Mind/Body</b> _____	<b>Mind/Body</b> _____
_____	_____	_____
How long: _____	How long: _____	How long: _____
_____	_____	_____
Time: _____	Time: _____	Time: _____
<b>Sleep</b> _____	<b>Sleep</b> _____	<b>Sleep</b> _____
_____	_____	_____
Time: _____	Time: _____	Time: _____