Premier Health Center
Afaque Akhtar, MD.
409 Wake Chapel Rd.
Fuquay Varina, NC. 27526
Tel: 919-567-9001 Fax: 919-518-9539

Diet, Nutrition, and Lifestyle Journal – Sample Day

Day Event	**Food & Drink Intake** (include type, amount, brand)	
Rising Time		
Breakfast **Time**		
Mid-AM Snack **Time**		
Lunch **Time**		
Mid-PM Snack **Time**		
Dinner **Time**		
PM Snack **Time**		
Bed Time		

PLEASE INDICATE HOW MUCH OF THESE IF ANY DO YOU GET OR DO YOU HAVE ANY OF THESE IN PLACE

Sleep & Relaxation & Relaxation	**Exercise & Movement**	**Stress**	**Relationship**
Sleep Quantity:_____ (hours) Quantity: __Poor __Fair __Good **Relaxation** __ Yes __No Type/Amount:	Type, Duration, & Intensity __ Aerobic: _ None __ Strength: __Flexibility	Stress Reduction Practices: Stressors:	Supporting: Non-supporting

BOWEL MOVEMENT	How often do you have a bowel movement?	