



# The Bothwell Clinic

Complementary and Conventional Healthcare

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

Please choose 2 fairly typical week days and a weekend or 'day off' and record as much as you can about your eating, sleep and leisure patterns on the page below. Please give as much information as possible - home cooked or not, brand names, fresh, packaged, whole, refined, organic etc. To help your nutritional therapist to build an accurate picture of your lifestyle.

**Your Diet** - Please record your food intake across 2 work or weekdays and 1 weekend/day off.

Time	Weekday 1	Weekday2	Day off
Breakfast	Time:	Time:	Time:
Lunch	Time:	Time:	Time:
Dinner	Time:	Time:	Time:
Snacks	Time:	Time:	Time:
Drinks	 __ coffees(__ sugars/cups) __ normal' tea (__ sugars per cup) __ Green/herbal tea __ fizzy drinks/cordial __ units of alcohol __ glasses of water other drinks....	 __ coffees(__ sugars/cups) __ normal' tea (__ sugars per cup) __ Green/herbal tea __ fizzy drinks/cordial __ units of alcohol __ glasses of water other drinks....	 __ coffees(__ sugars/cups) __ normal' tea (__ sugars per cup) __ Green/herbal tea __ fizzy drinks/cordial __ units of alcohol __ glasses of water other drinks....

	Day 1	Day 2	Day off
Wake up time			
Get up time			
Work day start time			
Work day breaks (total hrs)			
Work day end time			
Time spent travelling			
Time spent exercising			
type of exercise			
Exercise time of day			
time spent relaxing			
type of relaxation			
Other leisure activity			
Other routine...			
Energy low time			
Overall mood			
Go to bed time			
Fall asleep time			
Uninterrupted sleep?	Y/N	Y/N	Y/N