

Name: _____

File No.: _____

The Prana Group
Diet and Exercise Log

Please take the time to complete the following survey carefully and accurately. List in detail the quantity and the exact nature of all food and beverages consumed (i.e. frozen, canned, etc.). Do not change your eating behaviour at this time unless your doctor advises you to. The purpose of this food record is to analyze your present eating habits.

Please mention if the foods were raw, cooked, or altered. Be sure to list all beverages, all fats and oils and any condiments used (i.e. mayonnaise, mustard, relish etc.).

Please complete the exercise activity portion as well, listing the type of exercise and its duration.

Activity – Day One		Date:	
Morning Meal Time:		Additional Beverages	
Snack		Water (cups per day)	
Noon Meal Time:		Condiments (Sugar/salt/spices/herbs/ etc.)	
Snack		Fats/Oils	
Evening Meal Time:		Exercise Type: Duration:	
Bowel Movements: Time: Consistency:			
Snack		Relaxation Type: Duration:	

Daily Supplementation (including doses e.g. mg, mcg, /day)

Also record all bowel movements and their consistency (regular, loose, firm, etc.)

Activity – Day Two		Date:	
Morning Meal Time:		Additional Beverages	
Snack		Water (cups per day)	
Noon Meal Time:		Condiments (Sugar/salt/spices/ herbs etc.)	
Snack		Fats/Oils	
Evening Meal Time:		Exercise Type: Duration:	
Bowel Movements: Time: Consistency:			
Snack		Relaxation Type: Duration:	
Activity – Day Three		Date:	
Morning Meal Time:		Additional Beverages	
Snack		Water (cups per day)	
Noon Meal Time:		Condiments (Sugar/salt/spices/herbs/ etc.)	
Snack		Fats/Oils	
Evening Meal Time:		Exercise Type: Duration:	
Bowel Movements: Time: Consistency:			
Snack		Relaxation Type: Duration:	
Activity – Day Four		Date:	

Morning Meal Time:		Additional Beverages	
Snack		Water (cups per day)	
Noon Meal Time:		Condiments (Sugar/salt/spices/herbs/ etc.)	
Snack		Fats/Oils	
Evening Meal Time: Bowel Movements: Time: Consistency:		Exercise Type: Duration:	
Snack		Relaxation Type: Duration:	
Activity – Day Five		Date:	
Morning Meal Time:		Additional Beverages	
Snack		Water (cups per day)	
Noon Meal Time:		Condiments (Sugar/salt/spices/ herbs etc.)	
Snack		Fats/Oils	
Evening Meal Time:		Exercise Type: Duration: Pulse before: Pulse after:	
Snack		Relaxation Type: Duration:	

Activity – Day Six		Date:	
Morning Meal Time:		Additional Beverages	
Snack		Water (cups per day)	
Noon Meal Time:		Condiments (Sugar/salt/spices/ herbs etc.)	
Snack		Fats/Oils	
Evening Meal Time: Bowel Movements: Time: Consistency:		Exercise Type: Duration:	
Snack		Relaxation Type: Duration:	
Activity – Day Seven		Date:	
Morning Meal Time:		Additional Beverages	
Snack		Water (cups per day)	
Noon Meal Time:		Condiments (Sugar/salt/spices/ herbs etc.)	
Snack		Fats/Oils	
Evening Meal Time: Bowel Movements: Time: Consistency:		Exercise Type: Duration:	
Snack		Relaxation Type: Duration:	