



Diet Diary Exercise Log

Name: _____

Please complete your "Diet Diary / Exercise Log" every day.

- 1.) Make note of the time you wake up.
- 2.) List and describe in detail all foods and drinks including the amount of each. Make note as to 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, including any condiments used (i.e. mayonaise, mustard, relish, etc.).
- 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 other 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 you did it.
- 5.) Note any periods of relaxation and what kind of relaxation it was.
- 6.) Note the time you go to sleep.

Day 1	Date:
Wake Up:	
Morning	
Meal	
Time:	
Snack	
Time:	
Mid-Day	
Meal	
Time:	
Snack	
Time:	
Evening	
Meal	
Time:	
Snack	
Time:	
Water (Ounces)	
Other Drinks (that are not listed with meals or snacks above)	
Activity/Exercise What Kind: How Long:	
Relaxation Type: How Long:	
Sleep Time:	

“New You”

Barbara Goshorn RN MSACN

The “Nurse Nutritionist”



Barbara Goshorn, RN MSACN

The "Nurse Nutritionist"

Diet Diary

Exercise Log

Day 2	Date:
Wake Up:	
Morning	
Meal	
Time:	
Snack	
Time:	
Mid-Day	
Meal	
Time:	
Snack	
Time:	
Evening	
Meal	
Time:	
Snack	
Time:	
Water (Ounces)	
Other Drinks <small>(that are not listed with meals or snacks above)</small>	
Activity/Exercise What Kind: How Long:	
Relaxation Type: How Long:	
Sleep Time:	

Day 3	Date:
Wake Up:	
Morning	
Meal	
Time:	
Snack	
Time:	
Mid-Day	
Meal	
Time:	
Snack	
Time:	
Evening	
Meal	
Time:	
Snack	
Time:	
Water (Ounces)	
Other Drinks <small>(that are not listed with meals or snacks above)</small>	
Activity/Exercise What Kind: How Long:	
Relaxation Type: How Long:	
Sleep Time:	



Barbara Goshorn, RN MSACN

The "Nurse Nutritionist"

Diet Diary

Exercise Log

Day 4	Date:
Wake Up:	
Morning	
Meal	
Time:	
Snack	
Time:	
Mid-Day	
Meal	
Time:	
Snack	
Time:	
Evening	
Meal	
Time:	
Snack	
Time:	
Water (Ounces)	
Other Drinks <small>(that are not listed with meals or snacks above)</small>	
Activity/Exercise What Kind: How Long:	
Relaxation Type: How Long:	
Sleep Time:	

Day 5	Date:
Wake Up:	
Morning	
Meal	
Time:	
Snack	
Time:	
Mid-Day	
Meal	
Time:	
Snack	
Time:	
Evening	
Meal	
Time:	
Snack	
Time:	
Water (Ounces)	
Other Drinks <small>(that are not listed with meals or snacks above)</small>	
Activity/Exercise What Kind: How Long:	
Relaxation Type: How Long:	
Sleep Time:	