



PRACTICAL HEALING

## 3 Day - Nutrition & Lifestyle Journal

*While some of our patients have been working on their nutrition and lifestyle for many years, we recognize that for many of you this may be your first step towards a healthier, happier, and more fruitful you. Everyone starts somewhere. If you could keep track of a few items for us over a three day period it will help us to meet you where you're at, no matter where that is.*

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

Current food plan (if any): \_\_\_\_\_

### **Day 1:**

Date: \_\_\_\_\_

### **Nutrition:**

Please list everything you have eaten. If you can, include time of day, type of food and amount. Don't forget drinks too!

### **Sleep:**

How many hours did you sleep the night before? \_\_\_\_\_

How would you rate the quality of your sleep? *Circle one:*

Poor

Fair

Good

Excellent

**Exercise & Movement:**

List any form of exercise or intentional movement for the day, include type and length.

**Stress:**

List any stressors:

List anything you did for relaxation/stress reduction:

**Relationships:**

List any supporting and/or nonsupporting relationships you encountered.

**Mental - Emotional - Spiritual:**

You can use this space to take notes on your mental, emotional, and spiritual wellbeing on this day

**Day 2:**

Date: \_\_\_\_\_

**Nutrition:**

Please list everything you have eaten. If you can, include time of day, type of food and amount. Don't forget drinks too!

**Sleep:**

How many hours did you sleep the night before? \_\_\_\_\_

How would you rate the quality of your sleep? *Circle one:*

Poor                  Fair                  Good                  Excellent

**Exercise & Movement:**

List any form of exercise or intentional movement for the day, include type and length.

**Stress:**

List any stressors:

List anything you did for relaxation/stress reduction:

**Relationships:**

List any supporting and/or nonsupporting relationships you encountered.

**Mental - Emotional - Spiritual:**

You can use this space to take notes on your mental, emotional, and spiritual wellbeing on this day.

**Day 3:**

Date: \_\_\_\_\_

**Nutrition:**

Please list everything you have eaten. If you can, include time of day, type of food and amount. Don't forget drinks too!

**Sleep:**

How many hours did you sleep the night before? \_\_\_\_\_

How would you rate the quality of your sleep? *Circle one:*

Poor                  Fair                  Good                  Excellent

**Exercise & Movement:**

List any form of exercise or intentional movement for the day, include type and length.

**Stress:**

List any stressors:

List anything you did for relaxation/stress reduction:

**Relationships:**

List any supporting and/or nonsupporting relationships you encountered.

**Mental - Emotional - Spiritual:**

You can use this space to take notes on your mental, emotional, and spiritual wellbeing on this day.