

# OPTIMA HEALTH & VITALITY CENTER

715.832.1953

3321 GOLF RD. EAU CLAIRE, WI 54701

## Diet & Activity Report

How we think, feel and act, what goes in and comes out of our body has impacts every aspect of our health. The choices we make everyday have a very big impact on our health and ability to heal and function at our best.

**Please take the time to complete the following report carefully and accurately. Doing so will enable us to better detect any activities that are affecting your health negatively or positively.**

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

*Use the following space to indicate any additional notes on significant occurrences this week that could have affected your health, or areas that you want further feedback or coaching on:*

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<b>DAY 1- DATE:</b>		<b>PHYSICAL ACTIVITY:</b>  <b>RELAXATION ACTIVITY:</b>  <b>STRESSFUL EVENTS:</b>  <b>NATURAL LIGHT:</b>  <b>ADDITIONAL LIQUIDS:</b>
Awoke at: _____		
<b>MEAL TIME</b>	<b>FOOD AND BEVERAGE CONSUMED</b>	
Morning Meal		
<i>Time:</i>		
Morning Snack		
<i>Time:</i>		
Noon Meal		
<i>Time:</i>		
Afternoon Snack		
<i>Time:</i>		
Evening Meal		
<i>Time:</i>		
Evening Snack		
<i>Time:</i>		
Time to bed:		

**DAY 2- DATE:**

Awoke at: \_\_\_\_\_

**MEAL TIME                      FOOD AND BEVERAGE CONSUMED**

Morning Meal	
<i>Time:</i>	
Morning Snack	
<i>Time:</i>	
Noon Meal	
<i>Time:</i>	
Afternoon Snack	
<i>Time:</i>	
Evening Meal	
<i>Time:</i>	
Evening Snack	
<i>Time:</i>	

**PHYSICAL ACTIVITY:**

**RELAXATION ACTIVITY:**

**STRESSFUL EVENTS:**

**NATURAL LIGHT:**

**ADDITIONAL LIQUIDS:**

Time to bed:

**DAY 3- DATE:**

Awoke at: \_\_\_\_\_

**MEAL TIME                      FOOD AND BEVERAGE CONSUMED**

Morning Meal	
<i>Time:</i>	
Morning Snack	
<i>Time:</i>	
Noon Meal	
<i>Time:</i>	
Afternoon Snack	
<i>Time:</i>	
Evening Meal	
<i>Time:</i>	
Evening Snack	
<i>Time:</i>	

**PHYSICAL ACTIVITY:**

**RELAXATION ACTIVITY:**

**STRESSFUL EVENTS:**

**NATURAL LIGHT:**

**ADDITIONAL LIQUIDS:**

Time to bed:

**DAY 4- DATE:**

Awoke at: \_\_\_\_\_

**MEAL TIME                      FOOD AND BEVERAGE CONSUMED**

Morning Meal	
<i>Time:</i>	
Morning Snack	
<i>Time:</i>	
Noon Meal	
<i>Time:</i>	
Afternoon Snack	
<i>Time:</i>	
Evening Meal	
<i>Time:</i>	
Evening Snack	
<i>Time:</i>	

**PHYSICAL ACTIVITY:**

**RELAXATION ACTIVITY:**

**STRESSFUL EVENTS:**

**NATURAL LIGHT:**

**ADDITIONAL LIQUIDS:**

**DAY 5- DATE:**

Awoke at: \_\_\_\_\_

**MEAL TIME                      FOOD AND BEVERAGE CONSUMED**

Morning Meal	
<i>Time:</i>	
Morning Snack	
<i>Time:</i>	
Noon Meal	
<i>Time:</i>	
Afternoon Snack	
<i>Time:</i>	
Evening Meal	
<i>Time:</i>	
Evening Snack	
<i>Time:</i>	

**PHYSICAL ACTIVITY:**

**RELAXATION ACTIVITY:**

**STRESSFUL EVENTS:**

**NATURAL LIGHT:**

**ADDITIONAL LIQUIDS:**

Time to bed:

**DAY 6- DATE:**

Awoke at: \_\_\_\_\_

<b>MEAL TIME</b>	<b>FOOD AND BEVERAGE CONSUMED</b>
Morning Meal <i>Time:</i>	
Morning Snack <i>Time:</i>	
Noon Meal <i>Time:</i>	
Afternoon Snack <i>Time:</i>	
Evening Meal <i>Time:</i>	
Evening Snack <i>Time:</i>	

**PHYSICAL ACTIVITY:**

**RELAXATION ACTIVITY:**

**STRESSFUL EVENTS:**

**NATURAL LIGHT:**

**ADDITIONAL LIQUIDS:**

**DAY 7- DATE:**

Awoke at: \_\_\_\_\_

<b>MEAL TIME</b>	<b>FOOD AND BEVERAGE CONSUMED</b>
Morning Meal <i>Time:</i>	
Morning Snack <i>Time:</i>	
Noon Meal <i>Time:</i>	
Afternoon Snack <i>Time:</i>	
Evening Meal <i>Time:</i>	
Evening Snack <i>Time:</i>	

**PHYSICAL ACTIVITY:**

**RELAXATION ACTIVITY:**

**STRESSFUL EVENTS:**

**NATURAL LIGHT:**

**ADDITIONAL LIQUIDS:**