



Harmony Healing
 Naturopathic Clinic
"In tune with nature"

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Lifestyle Diary

Please refer to "Lifestyle Diary Instructions" handout for details on how to complete this form.
 We recommend that you complete this for at least 2 days during the week and 1 day of the weekend

Date: _____

Time	Foods Eaten (include liquids) Include amount	Feelings (emotions, energy level)	Bowel / Urine Habits	Major Activities

Sleep Habits: Time went to bed: _____PM; Wake up time in morning: _____AM
 Sleep Quality: _____Excellent _____Average _____Poor

Any other lifestyle information/concerns you would like to provide:

Blood Sugar Levels with time(s) taken:

Blood Pressure Levels with time(s) taken: