

# Harmony Healing Naturopathic Clinic

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## INSTRUCTIONS FOR COMPLETING A LIFESTYLE DIARY

**DATE:** Write in the date of the diary entries.

**TIME:** Write down, as accurately as possible, the time of each activity.

**FOODS EATEN:** Be sure to include fluids, vitamins, and medications, as well as foods.

**Write in the amount of food you eat,** like “bowl of Cheerios® with a cup of milk and banana.” Among the measurements you may use are fluid ounce, ounce-weight, cup, gram, teaspoon (jam, butter), slice (bread), tablespoon, gallon, liter, or milliliters. If you list something as a “cup” (as in coffee or tea), a “glass” (milk, beer, water, etc.), or a “bottle” or “can”, estimate the size of the container. You may also write in just the quantity of the food when the amount is obvious, like “1 hamburger, 2 apples, 3 cookies”, or a “serving of McDonald’s fries” (but write in whether it was a small or large order).

It is also important that you **write in brand names of foods that you eat,** as nutrient content will vary by manufacturer. And finally, **write in the contents of foods where appropriate.** For example, instead of writing “vegetable soup”, write in “soup with carrots, vegetable broth, onion, garlic, etc.” for foods with multiple ingredients.

**FEELINGS:** Write in your emotions, as well as energy and physical stress levels.

This is the place to chart your ups and downs during the day. Typical entries might include: “sad, depressed, high energy, low energy, very happy, tired, poor sleep last night, sleepy, runny nose, caught a cold, feeling very irritable, fighting with partner.” Do not limit yourself to just these entries. What is important is that you depict a picture of the ebbs and flows of your day. Try to correlate the entries as closely as possible with the times listed to the left of the form.

**BOWEL, URINE HABITS, GAS:** List your bowel movements, urine voids and any flatulence (gas).

Again, try to correlate these entries with the times. Also, note any changes or abnormalities in bowel movements or urine, such as constipation, diarrhea, excessive quantity of urination, color changes, etc.

**MAJOR ACTIVITIES:** List your activity level (i.e., whether you are sedentary or active). Typical listings might include, “short walk, worked in the garden, ran three miles, sat in the office all day.” Indicate type (cardiovascular, Weight/Resistance, Flexibility/Yoga, and/or Meditation/relaxation)

**SLEEP HABITS:** Record the time you went to bed, time you woke up and how you felt upon awakening in the morning. Record sleep quality, with Poor = Woke up several times and could not fall back asleep, was tired in the morning; Average = woke up in middle of night but fell back asleep, and woke up feeling refreshed. Excellent = Deep sleep through the night and woke up feeling refreshed.

**OTHER:** Record any other relevant information. Important, for 1) blood sugar and, 2) blood pressure levels indicate the EXACT time you performed these recordings.