



WHOLISTIC LIFE

Name:

Date:

NUTRITION

Time	Length of meal	Food Type & Amount <small>*Be as detailed as possible</small>	Liquid type & Amount	Supplement & Medication type & amount	Where & with whom	Feelings/Energy before meal	Feelings/Energy after meal

ACTIVITY & EXERCISE

Time/Energy/Emotions (Includes 5 min walks, workouts, meditation, etc.)	Type of activity	Length of activity	Location of activity & with whom

Date:

NUTRITION

[illegible]

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ACTIVITY & EXERCISE

Time/Energy/Emotions before and after activity	Type of activity	Length of activity	Location of activity & with whom

Date:

NUTRITION

[illegible]

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ACTIVITY & EXERCISE

Time/Energy/Emotions before and after activity	Type of activity	Length of activity	Location of activity & with whom