

Notes:

		Other eg. gym/run
	2	Races
		Trials
		Jumpouts
	1	Gallops
6		Trackwork
Saturday		

Sunday

		Other eg. gym/run
		Races
		Trials
		Jumpouts
	5	Gallops
	3	Trackwork
Friday		

		Other eg. gym/run
		Races
		Trials
		Jumpouts
2		Gallops
	10	Trackwork
Thursday		

Wednesday

		Other eg. gym/run
		Races
		Trials
		Jumpouts
	3	Gallops
	9	Trackwork
Monday		

Tuesday

		Other eg. gym/run
		Races
		Trials
	9	Jumpouts
3		Gallops
2		Trackwork
Tuesday		

My Riding Diary

Number of horses ridden

Date: 20.3.23

Name: LiLi

Notes:	
---------------	--

Saturday	
Breakfast	
Snack	
Lunch	Noodles and chicken
Snack	
Dinner	MDs
Snack	
Snack	
Dinner	
Breakfast	

Sunday	
Breakfast	Egg + toast + potato
Snack	Crackers
Lunch	
Snack	
Dinner	Lrap with chicken
Snack	
Dinner	
Breakfast	

Wednesday	
Breakfast	Egg on toast
Snack	
Lunch	Bun
Snack	
Dinner	Fish + salad
Snack	
Snack	
Dinner	
Breakfast	

Friday	
Breakfast	Fish
Snack	
Lunch	
Snack	
Dinner	
Snack	
Snack	
Dinner	Salad, egg, potato
Breakfast	

Tuesday	
Breakfast	
Snack	
Lunch	Sandwich
Snack	
Dinner	Shak + salad
Snack	
Snack	
Dinner	
Breakfast	

Monday	
Breakfast	Pie
Snack	
Lunch	Buddha bowl
Snack	
Dinner	Ud + thre jet
Snack	
Snack	
Dinner	
Breakfast	

Date: 20.3.23

Name: Liy

Group	
Order	Amphibia
Family	Uperoleiidae
Genus	Uperoleia
Species	Uperoleia fuscopunctata
Common Name	Spotted Tree Frog

Group	
Order	Amphibia
Family	Uperoleiidae
Genus	Uperoleia
Species	Uperoleia fuscopunctata
Common Name	Spotted Tree Frog

Group	
Order	Amphibia
Family	Uperoleiidae
Genus	Uperoleia
Species	Uperoleia fuscopunctata
Common Name	Spotted Tree Frog

Group	
Order	Amphibia
Family	Uperoleiidae
Genus	Uperoleia
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Common Name	Spotted Tree Frog

Group	
Order	Amphibia
Family	Uperoleiidae
Genus	Uperoleia
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Common Name	Spotted Tree Frog

Group	
Order	Amphibia
Family	Uperoleiidae
Genus	Uperoleia
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Common Name	Spotted Tree Frog

Group	
Order	Amphibia
Family	Uperoleiidae
Genus	Uperoleia
Species	Uperoleia fuscopunctata
Common Name	Spotted Tree Frog

Group	
Order	Amphibia
Family	Uperoleiidae
Genus	Uperoleia
Species	Uperoleia fuscopunctata
Common Name	Spotted Tree Frog

WA Eeloo Dista

Date: 10-2-08
ID: emu

Sleep Diary: Morning

Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Day of the week: Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
I went to bed at:						
9 AM / PM	9 AM / PM	9:30 AM / PM	9 AM / PM	8 AM / PM	10:30 AM / PM	9 AM / PM
I woke up at:						
5 AM / PM	5 AM / PM	5 AM / PM	5 AM / PM	5 AM / PM	5 AM / PM	7 AM / PM
Last night, I slept for ___ hours:	4	8	7:30	8	9	6:30
Last night, it took me about ___ minutes to fall asleep:	10 probably					
I felt that the quality of my sleep was: e.g. very good, good, bad, very bad						
Good	Good	Good	Good	Good	Good	Good
This morning, I feel: e.g. refreshed, tired, groggy, alert						
Alert	Alert	Alert	Alert	Alert	Alert	Tired
My sleep was made more difficult by: e.g. temperature, noise, dreams, thoughts, not feeling tired, discomfort						
~ ~ ~ ~ ~						
During the night, I woke up ___ times:	can't remember	maybe a few				

Sleep Diary: Night

Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
-------	-------	-------	-------	-------	-------	-------

I took a nap:

yes / no yes / no

I had caffeine:

No

| # of drinks |
|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Morning |
| <input type="checkbox"/> Afternoon |
| <input type="checkbox"/> Evening |

I exercised for ____ minutes:

30 30 30 30 30 30 30

Medications or drugs I used today:

~ ~ ~ ~ ~ ~ ~

Throughout the day, I felt drowsy:

<input checked="" type="checkbox"/> Never	<input type="checkbox"/> Never	<input type="checkbox"/> Never	<input type="checkbox"/> Never	<input type="checkbox"/> Never
<input type="checkbox"/> Sometimes	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Sometimes	<input checked="" type="checkbox"/> Sometimes	<input type="checkbox"/> Sometimes
<input type="checkbox"/> Very Often	<input type="checkbox"/> Very Often	<input type="checkbox"/> Very Often	<input type="checkbox"/> Very Often	<input type="checkbox"/> Very Often

Overall, my mood today was:
e.g. positive, negative, neutral

neutral neutral neutral neutral neutral neutral neutral

In the hour before bed, my activities included:
e.g. reading, computer, TV, showering, phone, eating, spending time with partner

Monday	
Trackwork	12
Gallops	—
Jumpsouts	—
Trials	—
Races	—
Other eg. gym/run	1 Hour Running gym

Tuesday	
Trackwork	8
Gallops	4
Jumpsouts	—
Trials	—
Races	—
Other eg. gym/run	—

Wednesday	
Trackwork	12
Gallops	—
Jumpsouts	—
Trials	—
Races	—
Other eg. gym/run	1 Hour Running gym

Thursday	
Trackwork	—
Gallops	5
Jumpsouts	—
Trials	—
Races	—
Other eg. gym/run	1 Hour

Friday	
Trackwork	—
Gallops	—
Jumpsouts	—
Trials	—
Races	—
Other eg. gym/run	1 Hour

Saturday	
Trackwork	7
Gallops	—
Jumpsouts	—
Trials	—
Races	—
Other eg. gym/run	—

Sunday	
Trackwork	—
Gallops	—
Jumpsouts	—
Trials	—
Races	—
Other eg. gym/run	—

Notes:

My Riding Diary

Number of horses ridden

Date: 20/3/22

Name: Liam Doherty

Notes:

Saturday

Dinner

Breakfast	
Snack	
Lunch	
Snack	
Dinner	

Sunday

Breakfast	
Snack	
Lunch	
Snack	
Dinner	

Dinner

Friday

Dinner

Breakfast	
Snack	
Lunch	
Snack	
Dinner	

Saturday

Dinner

Breakfast	
Snack	
Lunch	
Snack	
Dinner	

Wednesday

Dinner

Breakfast	
Snack	
Lunch	
Snack	
Dinner	

Wednesday

Dinner

Breakfast	
Snack	
Lunch	buddha bowl
Snack	Sandwich Ham + cheese
Dinner	

Tuesday

Dinner

Breakfast	
Snack	
Lunch	buddha bowl
Snack	Sandwich Ham + cheese
Dinner	

My Food Diary

Date:

Name: Garry Dugdale

1	2	3	4	5	6	7	8	9	10
1	2	3	4	5	6	7	8	9	10
1	2	3	4	5	6	7	8	9	10
1	2	3	4	5	6	7	8	9	10
1	2	3	4	5	6	7	8	9	10

132

1	2	3	4	5	6	7	8	9	10
1	2	3	4	5	6	7	8	9	10
1	2	3	4	5	6	7	8	9	10
1	2	3	4	5	6	7	8	9	10
1	2	3	4	5	6	7	8	9	10

132

1	2	3	4	5	6	7	8	9	10
1	2	3	4	5	6	7	8	9	10
1	2	3	4	5	6	7	8	9	10
1	2	3	4	5	6	7	8	9	10
1	2	3	4	5	6	7	8	9	10

132

1	2	3	4	5	6	7	8	9	10
1	2	3	4	5	6	7	8	9	10
1	2	3	4	5	6	7	8	9	10
1	2	3	4	5	6	7	8	9	10
1	2	3	4	5	6	7	8	9	10

132

1	2	3	4	5	6	7	8	9	10
1	2	3	4	5	6	7	8	9	10
1	2	3	4	5	6	7	8	9	10
1	2	3	4	5	6	7	8	9	10
1	2	3	4	5	6	7	8	9	10

132

1	2	3	4	5	6	7	8	9	10
1	2	3	4	5	6	7	8	9	10
1	2	3	4	5	6	7	8	9	10
1	2	3	4	5	6	7	8	9	10
1	2	3	4	5	6	7	8	9	10

132

WEDDING BOOK

132 pages - A4 size

Sleep Diary: Morning

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Day of the week:							
I went to bed at:							
11 AM (PM)	11 AM (PM)	11 AM (PM)	11 AM (PM)	11 AM (PM)	11 AM (PM)	11 AM (PM)	11 AM (PM)
I woke up at:							
4:30 (AM) PM	4:30 (AM) PM	4:30 (AM) PM	4:30 (AM) PM	4:30 (AM) PM	4:30 (AM) PM	4:30 (AM) PM	10 (AM) PM
Last night, I slept for ___ hours:							
5:30	5:30	5:30	5:30	5:30	5:30	5:30	10:00
Last night, it took me about ___ minutes to fall asleep:							
5 - 10	5 - 10	5 - 10	5 - 10	5 - 10	5 - 10	5 - 10	5 - 10
I felt that the quality of my sleep was:							
e.g. very good, good, bad, very bad	Good	Good	Good	Good	Good	Good	Very Good
This morning, I feel:							
e.g. refreshed, tired, groggy, alert	Alert	Alert	Alert	Alert	Alert	Alert	Tired
My sleep was made more difficult by:							
e.g. temperature, noise, dreams, thoughts, not feeling tired, discomfort							
During the night, I woke up ___ times:							

Sleep Diary: Night

Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
I took a nap: yes / <input checked="" type="checkbox"/> yes / <input type="checkbox"/> yes / <input checked="" type="checkbox"/> yes / <input type="checkbox"/> yes / <input checked="" type="checkbox"/> yes / <input type="checkbox"/> yes / <input checked="" type="checkbox"/> yes / <input type="checkbox"/>						
I had caffeine:						
# of <input checked="" type="checkbox"/> drinks	# of <input checked="" type="checkbox"/> drinks	# of <input checked="" type="checkbox"/> drinks	# of <input checked="" type="checkbox"/> drinks	# of <input checked="" type="checkbox"/> drinks	# of <input checked="" type="checkbox"/> drinks	# of <input checked="" type="checkbox"/> drinks
<input checked="" type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning
<input checked="" type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon
<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening
I exercised for _____ minutes:	50	50	50	50	50	50
Medications or drugs I used today:						
○	○	○	○	○	○	○
Throughout the day, I felt drowsy:						
<input checked="" type="checkbox"/> Never	<input type="checkbox"/> Never	<input checked="" type="checkbox"/> Never	<input type="checkbox"/> Never	<input type="checkbox"/> Never	<input type="checkbox"/> Never	<input type="checkbox"/> Never
<input type="checkbox"/> Sometimes	<input type="checkbox"/> Sometimes	<input checked="" type="checkbox"/> Sometimes	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Sometimes
<input type="checkbox"/> Very Often	<input type="checkbox"/> Very Often	<input type="checkbox"/> Very Often	<input type="checkbox"/> Very Often	<input type="checkbox"/> Very Often	<input type="checkbox"/> Very Often	<input checked="" type="checkbox"/> Very Often
Overall, my mood today was: e.g. positive, negative, neutral	Positive	Positive	Positive	Positive	Positive	Positive
Positive Positive Positive Positive Positive Positive Positive						
In the hour before bed, my activities included: e.g. reading, computer, TV, showering, phone, eating, spending time with partner	TU	TU	TU	TU	TU	TU

My Riding Diary

Number of horses ridden

Date: 20/03/23

Name: Tennyia Taiaroa

Notes:	
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Other eg. gym/run	
Races	
Trials	
Jumpouts	
Gallops	
Trackwork	
Saturday	

Other eg. gym/run	
Races	
Trials	
Jumpouts	
Gallops	24
Trackwork	10
Thursday	

Other eg. gym/run	
Races	
Trials	
Jumpouts	2
Gallops	2
Trackwork	8
Tuesday	

Other eg. gym/run	
Races	
Trials	
Jumpouts	
Gallops	
Trackwork	
Sunday	

Other eg. gym/run	
Races	
Trials	
Jumpouts	
Gallops	
Trackwork	9
Friday	

Other eg. gym/run	
Races	
Trials	
Jumpouts	
Gallops	
Trackwork	10
Wednesday	

Other eg. gym/run	
Races	
Trials	
Jumpouts	
Gallops	
Trackwork	10
Monday	

Notes:

Saturday	
Breakfast	Cup tea
Snack	Popcorn & coffee/Baloney
Lunch	Nachos
Snack	
Dinner	
Snack	
Breakfast	Cup tea

Tuesday	
Breakfast	Cup tea
Snack	Tuna / hot chips
Lunch	Bulker chicken
Dinner	Buddha Bowl
Snack	
Breakfast	Cup tea

Sunday	
Breakfast	Cup tea
Snack	
Lunch	
Snack	
Dinner	2 fish, 1 cup roast veges, garlic bread
Snack	

Friday	
Breakfast	Cup tea
Snack	Hot chocolate
Dinner	Wickeed lunch (KFC)
Snack	
Lunch	
Snack	
Dinner	
Snack	

Wednesday	
Breakfast	Cup tea
Snack	Caclic prawns
Dinner	Eggs on toast
Snack	
Lunch	
Snack	
Dinner	
Snack	

Monday	
Breakfast	Cup tea
Snack	
Dinner	
Snack	
Lunch	Buddha Bowl
Snack	
Breakfast	Cup tea

Date:

Name:

Sleep Diary: Morning

Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Day of the week:						
Mon	Tue	Wed	Thu	Fri	Sat	Sun
I went to bed at:						
11 AM <input checked="" type="radio"/> PM	11 AM <input checked="" type="radio"/> PM	11 AM <input checked="" type="radio"/> PM	11 AM <input checked="" type="radio"/> PM	11 AM <input checked="" type="radio"/> PM	11 AM <input checked="" type="radio"/> PM	12 AM <input checked="" type="radio"/>
I woke up at:						
5:30 AM / PM	5:30 AM / PM	5:30 AM / PM	5:30 AM / PM	5:30 AM / PM	6 AM / PM	12:30 AM / PM
Last night, I slept for ___ hours:						
6 1/2 hrs	6 1/2 hrs	6 1/2 hrs	6 1/2 hrs	6 1/2 hrs	5 hrs	12 1/2 hrs
Last night, it took me about ___ minutes to fall asleep:						
1 hr	1 hr	1 hr	1 hr	20 mins	1 hr	
I felt that the quality of my sleep was:						
e.g. very good, good, bad, very bad						
good	good	good	good	good	good	very good
This morning, I feel:						
e.g. refreshed, tired, groggy, alert						
tired	tired	tired	tired	tired	tired	refreshed
My sleep was made more difficult by:						
e.g. temperature, noise, dreams, thoughts, not feeling tired, discomfort						
dreams	"temperature"	" "	" "	" "	" "	" "
During the night, I woke up ___ times:						
-	-	-	-	-	-	once

Sleep Diary: Night

Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
I took a nap:						
yes / <input checked="" type="radio"/> no	yes / <input checked="" type="radio"/> no	yes / <input checked="" type="radio"/> no	yes / <input checked="" type="radio"/> no	yes / <input checked="" type="radio"/> no	yes / <input checked="" type="radio"/> no	yes / <input checked="" type="radio"/> no
I had caffeine: coffee or tea						
# of drinks	# of drinks	# of drinks	# of drinks	# of drinks	# of drinks	# of drinks
<input checked="" type="checkbox"/> Morning	<input checked="" type="checkbox"/> Morning	<input checked="" type="checkbox"/> Morning	<input checked="" type="checkbox"/> Morning	<input checked="" type="checkbox"/> Morning	<input checked="" type="checkbox"/> Morning	<input checked="" type="checkbox"/> Morning
<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input checked="" type="checkbox"/> Afternoon
<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening
I exercised for <u>0</u> minutes:						
Medications or drugs I used today: —						
Throughout the day, I felt drowsy:						
<input type="checkbox"/> Never	<input checked="" type="checkbox"/> Never	<input type="checkbox"/> Never	<input type="checkbox"/> Never	<input checked="" type="checkbox"/> Never	<input type="checkbox"/> Never	<input checked="" type="checkbox"/> Never
<input checked="" type="checkbox"/> Sometimes	<input type="checkbox"/> Sometimes	<input checked="" type="checkbox"/> Sometimes	<input checked="" type="checkbox"/> Sometimes	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Sometimes
<input type="checkbox"/> Very Often	<input type="checkbox"/> Very Often	<input type="checkbox"/> Very Often	<input type="checkbox"/> Very Often	<input type="checkbox"/> Very Often	<input type="checkbox"/> Very Often	<input type="checkbox"/> Very Often
Overall, my mood today was:						
e.g. positive, negative, neutral						
In the hour before bed, my activities included:						
e.g. reading, computer, TV, showering, phone, eating, spending time with partner						

My Riding Diary

Date: 20/03/2023 Number of horses ridden

Name: GARETH

Notes:	

Other eg. gym/run	
Races	
Trials	
Jumpouts	
Gallops	
Trackwork	
Sunday	

Other eg. gym/run	
Races	
Trials	
Jumpouts	
Gallops	
Trackwork	8
Saturday	

Other eg. gym/run	
Races	
Trials	
Jumpouts	
Gallops	
Trackwork	9
Friday	

Other eg. gym/run	
Races	
Trials	
Jumpouts	
Gallops	4
Trackwork	4
Thursday	

Other eg. gym/run	
Races	
Trials	
Jumpouts	
Gallops	
Trackwork	8
Wednesday	

Other eg. gym/run	
Races	
Trials	
Jumpouts	
Gallops	
Trackwork	8
Tuesday	

Other eg. gym/run	
Races	
Trials	
Jumpouts	
Gallops	
Trackwork	3
Monday	

Notes:

Breakfast	Cereal
Lunch	Noodles
Snack	
Dinner	Pasta
Snack	

Saturday

Breakfast	Cereal
Lunch	
Snack	
Dinner	Noodles
Snack	

Thursday

Breakfast	Pie and coffee
Lunch	Sushi
Snack	
Dinner	
Snack	

Tuesday

Breakfast	Oats and Hot Chocolate
Lunch	Sandwich
Snack	
Dinner	Curry
Snack	

Sunday

Breakfast	Pie
Lunch	
Snack	
Dinner	Fish and Chips
Snack	

Friday

Breakfast	Pie and chips
Lunch	
Snack	
Dinner	
Snack	

Wednesday

Breakfast	Pie and coffee
Lunch	
Snack	
Dinner	
Snack	

Date: 20/03/2023

Name: GARETH

My Food Diary

Sleep Diary: Morning

Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Day of the week: Mo	T	W	T	F	S	S
I went to bed at: 22:30 AM / PM	22:30 AM / PM	22:30 AM / PM	22:30 AM / PM	22:30 AM / PM	22:30 AM / PM	22:30 AM / PM
I woke up at: 5:15 AM / PM	5:15 AM / PM	5:15 AM / PM	5:15 AM / PM	5:15 AM / PM	5:15 AM / PM	7:00 AM / PM
Last night, I slept for ___ hours: 6 HOURS 45 min						
Last night, it took me about ___ minutes to fall asleep: 15 min						
I felt that the quality of my sleep was: e.g. very good, good, bad, very bad Good	Good	Good	Good	Good	Good	Good
This morning, I feel: e.g. refreshed, tired, groggy, alert Refreshed	Refreshed	Refreshed	Refreshed	Refreshed	Refreshed	Refreshed
My sleep was made more difficult by: e.g. temperature, noise, dreams, thoughts, not feeling tired, discomfort None						
During the night, I woke up ___ times: 0	0	0	1	0	1	

Sleep Diary: Night

Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
I took a nap:						
yes / <input checked="" type="radio"/> no	<input checked="" type="radio"/> yes / no	yes / <input checked="" type="radio"/> no	yes / <input checked="" type="radio"/> no	<input checked="" type="radio"/> yes / no	yes / <input checked="" type="radio"/> no	yes / <input checked="" type="radio"/> no
I had caffeine:						
# of drinks	# bf drinks	# df drinks	# bf drinks	# df drinks	# bf drinks	# df drinks
<input checked="" type="checkbox"/> Morning	<input checked="" type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input checked="" type="checkbox"/> Morning	<input checked="" type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning
<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon
<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input checked="" type="checkbox"/> Evening
I exercised for _____ minutes:						
Hour	Hour	Hour	Hour	Hour	Hour	Hour
Medications or drugs I used today:						
Description of medications/drugs taken and times taken						
Throughout the day, I felt drowsy:						
<input checked="" type="checkbox"/> Never	<input type="checkbox"/> Never	<input checked="" type="checkbox"/> Never	<input checked="" type="checkbox"/> Never	<input type="checkbox"/> Never	<input checked="" type="checkbox"/> Never	<input checked="" type="checkbox"/> Never
<input type="checkbox"/> Sometimes	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Sometimes	<input checked="" type="checkbox"/> Sometimes	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Sometimes
<input type="checkbox"/> Very Often	<input type="checkbox"/> Very Often	<input type="checkbox"/> Very Often	<input type="checkbox"/> Very Often	<input type="checkbox"/> Very Often	<input type="checkbox"/> Very Often	<input type="checkbox"/> Very Often
Overall, my mood today was:						
e.g. positive, negative, neutral						
Positive	Positive	Positive	Positive	Positive	Positive	Positive
In the hour before bed, my activities included:						
e.g. reading, computer, TV, showering, phone, eating, spending time with partner						
computer	computer	computer	computer	computer	computer	computer

Name: *John*

Date: _____

My Riding Diary

Number of horses ridden

Notes:

Saturday

Trackwork	—
Gallops	—
Jumpsouts	—
Trials	—
Races	2
Other eg. gym/run	—

Sunday

Trackwork	6
Gallops	—
Jumpsouts	—
Trials	—
Races	—
Other eg. gym/run	—

Thursday

Trackwork	6
Gallops	3
Jumpsouts	—
Trials	—
Races	—
Other eg. gym/run	—

Wednesday

Trackwork	4
Gallops	3
Jumpsouts	—
Trials	—
Races	—
Other eg. gym/run	—

Tuesday

Trackwork	5
Gallops	—
Jumpsouts	2
Trials	—
Races	—
Other eg. gym/run	John

Monday

Trackwork	9
Gallops	—
Jumpsouts	—
Trials	—
Races	—
Other eg. gym/run	John

Notes:

Saturday	
Breakfast	Peanut Butter
Snack	Chocolate bar
Lunch	Omelette
Dinner	Chicken + Rice
Snack	Chocolate + Gold
Snack	Chocolate + Gold
Dinner	Chicken + Rice
Breakfast	PB on toast

Wednesday	
Breakfast	PB on toast
Lunch	Omelette
Snack	Chocolate
Dinner	Chicken + Rice
Snack	Chocolate + Gold

Tuesday	
Breakfast	PB on toast
Lunch	Omelette
Snack	Chocolate
Dinner	Chicken + Rice
Snack	Chocolate + Gold

Sunday	
Breakfast	Taco shells
Snack	Chocolate - cake
Lunch	Big Breakfast - cake
Dinner	Pizza
Snack	

Friday	
Breakfast	Cappuccino
Snack	Chocolate bar
Lunch	Omelette
Dinner	Breakfast
Snack	

Wednesday	
Breakfast	PB on toast
Lunch	Omelette
Snack	Chocolate
Dinner	Chicken + Rice
Snack	Chocolate + Gold

Monday	
Breakfast	Pizza
Lunch	Rice Bowl
Snack	
Dinner	Chicken - fish
Snack	

Date:

Name: 

My Food Diary

Sleep Diary: Morning

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Day of the week:							
I went to bed at:	10:30 AM / (PM)	10:00 AM / (PM)	10:00 AM / (PM)	10:00 AM / (PM)	10:30 AM / (PM)	11:30 AM / (PM)	11:30 AM / (PM)
I woke up at:	4:20 AM / PM	6:50 AM / PM	10:00 AM / PM	4:20 AM / PM			
Last night, I slept for ___ hours:	8 hrs						
Last night, it took me about ___ minutes to fall asleep:	10 >	10 >	10 >	10 >	10 >	10 >	10 >
I felt that the quality of my sleep was: e.g. very good, good, bad, very bad	bad	bad	bad	bad	bad	bad	bad
This morning, I feel: e.g. refreshed, tired, groggy, alert	good	good	bad	very good	very good	very bad	bad
refreshed	refreshed	refreshed	refreshed	refreshed	refreshed	refreshed	refreshed
My sleep was made more difficult by: e.g. temperature, noise, dreams, thoughts, not feeling tired, discomfort	—	—	—	—	—	—	thoughts.
During the night, I woke up ___ times:	/	/	/	/	/	/	/

Sleep Diary: Night

Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
I took a nap:						
yes / <input checked="" type="checkbox"/> no	yes / <input checked="" type="checkbox"/> no	yes / <input checked="" type="checkbox"/> no	yes / <input checked="" type="checkbox"/> no	yes / <input checked="" type="checkbox"/> no	yes / <input checked="" type="checkbox"/> no	yes / <input checked="" type="checkbox"/> no
I had caffeine:						
# of drinks	# of drinks	# of drinks	# of drinks	# of drinks	# of drinks	# of drinks
<input checked="" type="checkbox"/> Morning	<input checked="" type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input checked="" type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning
<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon
<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening
I exercised for _____ minutes:	/ hr	/ hr	-	-	-	-
Medications or drugs I used today:	panadol panadol panadol					
Throughout the day, I felt drowsy:						
<input type="checkbox"/> Never	<input type="checkbox"/> Never	<input type="checkbox"/> Never	<input checked="" type="checkbox"/> Never	<input checked="" type="checkbox"/> Never	<input type="checkbox"/> Never	<input type="checkbox"/> Never
<input checked="" type="checkbox"/> Sometimes	<input checked="" type="checkbox"/> Sometimes	<input checked="" type="checkbox"/> Sometimes	<input checked="" type="checkbox"/> Sometimes	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Sometimes	<input checked="" type="checkbox"/> Sometimes
<input type="checkbox"/> Very Often	<input type="checkbox"/> Very Often	<input type="checkbox"/> Very Often	<input type="checkbox"/> Very Often	<input type="checkbox"/> Very Often	<input type="checkbox"/> Very Often	<input type="checkbox"/> Very Often
Overall, my mood today was:	neutral	positive	positive	positive	neutral	neutral
e.g. positive, negative, neutral						
In the hour before bed, my activities included:	e.g. reading, computer, TV, showering, phone, eating, spending time with partner					
Phone	Phone	Phone	Phone	Phone	Phone	Phone
TV						

Object	Color	Material	Shape	Size
Chair	Red	Wood	Square	Large
Table	Blue	Metal	Rectangular	Medium
Pen	Black	Plastic	Thin	Small
Pencil	Yellow	Wood	Thin	Medium
Eraser	White	Plastic	Small	Very Small
Book	Green	Paper	Rectangular	Large
Scissors	Red	Plastic	Thin	Medium
Marker	Blue	Plastic	Thin	Medium
Eraser	White	Plastic	Small	Very Small

Object	Color	Material	Shape	Size
Chair	Red	Wood	Square	Large
Table	Blue	Metal	Rectangular	Medium
Pen	Black	Plastic	Thin	Small
Pencil	Yellow	Wood	Thin	Medium
Eraser	White	Plastic	Small	Very Small
Book	Green	Paper	Rectangular	Large
Scissors	Red	Plastic	Thin	Medium
Marker	Blue	Plastic	Thin	Medium
Eraser	White	Plastic	Small	Very Small

Object	Color	Material	Shape	Size
Chair	Red	Wood	Square	Large
Table	Blue	Metal	Rectangular	Medium
Pen	Black	Plastic	Thin	Small
Pencil	Yellow	Wood	Thin	Medium
Eraser	White	Plastic	Small	Very Small
Book	Green	Paper	Rectangular	Large
Scissors	Red	Plastic	Thin	Medium
Marker	Blue	Plastic	Thin	Medium
Eraser	White	Plastic	Small	Very Small

Object	Color	Material	Shape	Size
Chair	Red	Wood	Square	Large
Table	Blue	Metal	Rectangular	Medium
Pen	Black	Plastic	Thin	Small
Pencil	Yellow	Wood	Thin	Medium
Eraser	White	Plastic	Small	Very Small
Book	Green	Paper	Rectangular	Large
Scissors	Red	Plastic	Thin	Medium
Marker	Blue	Plastic	Thin	Medium
Eraser	White	Plastic	Small	Very Small

Object	Color	Material	Shape	Size
Chair	Red	Wood	Square	Large
Table	Blue	Metal	Rectangular	Medium
Pen	Black	Plastic	Thin	Small
Pencil	Yellow	Wood	Thin	Medium
Eraser	White	Plastic	Small	Very Small
Book	Green	Paper	Rectangular	Large
Scissors	Red	Plastic	Thin	Medium
Marker	Blue	Plastic	Thin	Medium
Eraser	White	Plastic	Small	Very Small

Object	Color	Material	Shape	Size
Chair	Red	Wood	Square	Large
Table	Blue	Metal	Rectangular	Medium
Pen	Black	Plastic	Thin	Small
Pencil	Yellow	Wood	Thin	Medium
Eraser	White	Plastic	Small	Very Small
Book	Green	Paper	Rectangular	Large
Scissors	Red	Plastic	Thin	Medium
Marker	Blue	Plastic	Thin	Medium
Eraser	White	Plastic	Small	Very Small

Object	Color	Material	Shape	Size
Chair	Red	Wood	Square	Large
Table	Blue	Metal	Rectangular	Medium
Pen	Black	Plastic	Thin	Small
Pencil	Yellow	Wood	Thin	Medium
Eraser	White	Plastic	Small	Very Small
Book	Green	Paper	Rectangular	Large
Scissors	Red	Plastic	Thin	Medium
Marker	Blue	Plastic	Thin	Medium
Eraser	White	Plastic	Small	Very Small

Object	Color	Material	Shape	Size
Chair	Red	Wood	Square	Large
Table	Blue	Metal	Rectangular	Medium
Pen	Black	Plastic	Thin	Small
Pencil	Yellow	Wood	Thin	Medium
Eraser	White	Plastic	Small	Very Small
Book	Green	Paper	Rectangular	Large
Scissors	Red	Plastic	Thin	Medium
Marker	Blue	Plastic	Thin	Medium
Eraser	White	Plastic	Small	Very Small

Yield quindi a me
non belli sono ad amar

scarsa di salse
della mia carne

Notes:

Saturday	
Breakfast	black coffee
Snack	lunch
Lunch	broccoli, beans, eggs
Snack	evening snack
Dinner	cheese, rice, fruit
Snack	soft fruit, green beans

Sunday	
Breakfast	black coffee
Snack	lunch
Lunch	scrambled eggs
Dinner	protein bar
Snack	

Thursday	
Breakfast	black coffee
Snack	lunch
Lunch	protein bar
Snack	evening snack
Dinner	cheese, rice, fruit
Snack	soft fruit, protein shake

Wednesday	
Breakfast	black coffee
Snack	lunch
Lunch	eggs
Snack	evening snack
Dinner	protein bar
Snack	

Tuesday	
Breakfast	black coffee
Snack	lunch
Lunch	berry juice bar
Snack	heffy a sausage.
Dinner	
Snack	

Monday	
Breakfast	black coffee
Snack	lunch
Lunch	duddha bar
Snack	
Dinner	
Snack	

Date:

Name:

Sleep Diary: Morning

Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Day of the week:						
Sunday	Saturday	Friday	Thursday	Wednesday	Tuesday	Monday
I went to bed at:						
9 AM <input checked="" type="radio"/> PM	10 AM <input checked="" type="radio"/>	8:30 AM <input checked="" type="radio"/>	8:30 AM <input checked="" type="radio"/>	8 AM <input checked="" type="radio"/>	8:30 AM <input checked="" type="radio"/>	8 AM <input checked="" type="radio"/>
I woke up at:						
9:30 <input checked="" type="radio"/> PM	5 <input checked="" type="radio"/>	5 <input checked="" type="radio"/>	5 <input checked="" type="radio"/>	5 <input checked="" type="radio"/>	5 <input checked="" type="radio"/>	5 <input checked="" type="radio"/>
Last night, I slept for ___ hours:						
12-30	7	8-30	8-30	9	8-30	9
Last night, it took me about ___ minutes to fall asleep:						
>10	>10	>10	>10	>10	>10	>10
I felt that the quality of my sleep was: e.g. very good, good, bad, very bad						
VG	B	VG	G	VG	VG	G
This morning, I feel: e.g. refreshed, tired, groggy, alert						
alert	alert	alert	alert	alert	alert	alert
My sleep was made more difficult by: e.g. temperature, noise, dreams, thoughts, not feeling tired, discomfort						
During the night, I woke up ___ times:	2X	-	1X	-	1X	-

Sleep Diary: Night

Sun

Sat

Fri

Wed

Tues

Mon

Day 1

Day 2

Day 3

Day 4

Day 5

Day 6

Day 7

I took a nap:
 yes / no yes / no yes / no yes / no yes / no yes / no yes / no yes / no yes / no yes / no

I had caffeine:

5 # of drinks

Morning
 Afternoon
 Evening

60

75

90

105

105

90

60

Medications or drugs I used today:

—

—

—

—

—

—

—

Throughout the day, I felt drowsy:

Never
 Sometimes
 Very Often

Overall, my mood today was:
 e.g. positive, negative, neutral

pos

pos

pos

pos

pos

pos

pos

In the hour before bed, my activities included:
 e.g. reading, computer, TV, showering, phone, eating, spending time with partner

Shower

✓

✓

✓

✓

✓

✓

Phone

✓

✓

✓

✓

✓

✓

Monday	
Trackwork	9
Gallops	1
Jumpsouts	5
Trials	1
Races	
Other eg. gym/run	
Tuesday	
Trackwork	9
Gallops	1
Jumpsouts	5
Trials	1
Races	
Other eg. gym/run	
Wednesday	
Trackwork	9
Gallops	1
Jumpsouts	5
Trials	1
Races	
Other eg. gym/run	
Thursday	
Trackwork	9
Gallops	1
Jumpsouts	5
Trials	1
Races	
Other eg. gym/run	
Friday	
Trackwork	9
Gallops	1
Jumpsouts	5
Trials	1
Races	
Other eg. gym/run	
Saturday	
Trackwork	9
Gallops	1
Jumpsouts	5
Trials	1
Races	2
Other eg. gym/run	
Sunday	
Trackwork	
Gallops	
Jumpsouts	
Trials	
Races	
Other eg. gym/run	

My Riding Diary

Number of horses ridden

Date: 20/03/23

Name: Ashwin

Notes:

Breakfast	Saturday
Snack	
Dinner	Beef ribs
Snack	
Lunch	Pie
Snack	
Breakfast	

Breakfast	Thursday
Snack	Hamburgers & chips
Dinner	
Snack	
Lunch	Pie
Snack	
Breakfast	

Breakfast	Tuesday
Snack	
Dinner	Indian food
Snack	
Lunch	Pie
Snack	
Breakfast	

Breakfast	Sunday
Snack	
Dinner	French Fries
Snack	
Lunch	
Snack	
Breakfast	

Breakfast	Friday
Snack	
Dinner	Subway
Snack	
Lunch	Pie
Snack	
Breakfast	

Breakfast	Wednesday
Snack	
Dinner	Hamburgers & pie
Snack	
Lunch	Pie
Snack	
Breakfast	

Breakfast	Monday
Snack	
Dinner	Pie
Snack	
Lunch	Pie
Snack	
Breakfast	

Date: 20/03/23

Name: Ashwin

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WÄLDDISKA

WÄLDDISKA

Sleep Diary: Morning

Mon

Day 1

Day 2

Day 3

Day 4

Day 5

Day 6

Day 7

Day of the week:

I went to bed at:

10:30 AM (PM)

11:00 AM (PM)

11:30 AM (PM)

11:30 AM (PM)

11:30 AM (PM)

I woke up at:

3:30 AM/ PM

Last night, I slept for ___ hours:

4 hr

Last night, it took me about ___ minutes to fall asleep:

5 or 10 mins.

I felt that the quality of my sleep was:
e.g. very good, good, bad, very bad

good

This morning, I feel:
e.g. refreshed, tired, groggy, alert

alert

My sleep was made more difficult by:
e.g. temperature, noise, dreams, thoughts, not feeling tired, discomfort

Nothing

During the night, I woke up ___ times:

1 hr

Sleep Diary: Night

Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
I took a nap: <input checked="" type="checkbox"/> yes / no	<input checked="" type="checkbox"/> yes / no	<input checked="" type="checkbox"/> yes / no	<input checked="" type="checkbox"/> yes / no	<input checked="" type="checkbox"/> yes / no	<input checked="" type="checkbox"/> yes / no	<input checked="" type="checkbox"/> yes / no
I had caffeine: <input checked="" type="checkbox"/> # of drinks	<input checked="" type="checkbox"/> # of drinks	<input checked="" type="checkbox"/> # of drinks	<input checked="" type="checkbox"/> # of drinks	<input checked="" type="checkbox"/> # of drinks	<input checked="" type="checkbox"/> # of drinks	<input checked="" type="checkbox"/> # of drinks
<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning
<input checked="" type="checkbox"/> Afternoon	<input checked="" type="checkbox"/> Afternoon	<input checked="" type="checkbox"/> Afternoon	<input checked="" type="checkbox"/> Afternoon	<input checked="" type="checkbox"/> Afternoon	<input checked="" type="checkbox"/> Afternoon	<input checked="" type="checkbox"/> Afternoon
<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening
I exercised for ____ minutes:						
Medications or drugs I used today: <i>Nothing</i>						
Throughout the day, I felt drowsy: <input checked="" type="checkbox"/> Never	<input type="checkbox"/> Never	<input type="checkbox"/> Never	<input type="checkbox"/> Never	<input type="checkbox"/> Never	<input type="checkbox"/> Never	<input type="checkbox"/> Never
<input type="checkbox"/> Sometimes	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Sometimes
<input type="checkbox"/> Very Often	<input type="checkbox"/> Very Often	<input type="checkbox"/> Very Often	<input type="checkbox"/> Very Often	<input type="checkbox"/> Very Often	<input type="checkbox"/> Very Often	<input type="checkbox"/> Very Often
Overall, my mood today was: e.g. positive, negative, neutral <i>Neutral</i>						
In the hour before bed, my activities included: e.g. reading, computer, TV, showering, phone, eating, spending time with partner <i>Phone, eating</i>						

Notes:

Sunday

Other eg. gym/run
Races
Trials
Jumpouts
Gallops
Trackwork

Saturday

3

9

4

Friday

Other eg. gym/run
Races
Trials
Jumpouts
Gallops
Trackwork

Wednesday

9

Other eg. gym/run
Races
Trials
Jumpouts
Gallops
Trackwork

Tuesday

3

9

8

Mondays

Other eg. gym/run
Races
Trials
Jumpouts
Gallops
Trackwork

My Riding Diary

Number of horses ridden

Date: 2023/23

Name: Anna

Burger King

Notes:

Sunday

KFC

Pie

Saturday

Fish & Chips

Pie

Thursday

Tudua Food

Pie

Tuesday

KFC

nasi lemak

Pie

nasi lemak

Monday

Name: Himaayu

Date: 10/03/2023

My Food Diary

Burger King

KFC

Pie

Sunday

Pie

Friday

KFC

Pie

Saturday

KFC

Pie

Sunday

KFC

Pie

Monday

KFC

Pie

Tuesday

KFC

Pie

Wednesday

KFC

Pie

Thursday

KFC

Pie

Friday

KFC

Pie

Saturday

KFC

Pie

Sunday

name	
name	Barry Kuhn
name	

name	

name	
name	Barry Kuhn
name	

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Barry Kuhn

Barry Kuhn

Sleep Diary: Morning

Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Day of the week:						
I went to bed at:						
9:30 AM / PM	9:30 AM / PM	9:30 AM / PM	9:30 AM / PM	9:30 AM / PM	9:30 AM / PM	9:30 AM / PM
I woke up at:						
04:00 AM / PM	04:00 AM / PM	04:00 AM / PM	04:00 AM / PM	04:00 AM / PM	04:00 AM / PM	04:00 AM / PM
Last night, I slept for ___ hours:						
7.30 hour	7hour30min	7hour30min	7hour30min	7hour30min	7hour30min	7hour30min
Last night, it took me about ___ minutes to fall asleep:						
10 min	20 min	20 min	10 min	20 min	20 min	5 min
I felt that the quality of my sleep was:						
e.g. very good, good, bad, very bad						
good	good	good	good	good	good	very good
This morning, I feel:						
e.g. refreshed, tired, groggy, alert						
tired	tired	tired	tired	tired	tired	refreshed
My sleep was made more difficult by:						
e.g. temperature, noise, dreams, thoughts, not feeling tired, discomfort						
temperature	discomfort	discomfort	discomfort	discomfort	discomfort	discomfort
During the night, I woke up ___ times:						
2 times	2	2	2	2	2	0

Sleep Diary: Night

Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
I took a nap:						
<input checked="" type="checkbox"/> yes / no	<input checked="" type="checkbox"/> yes / no	<input checked="" type="checkbox"/> yes / no	<input checked="" type="checkbox"/> yes / no	<input checked="" type="checkbox"/> yes / no	<input checked="" type="checkbox"/> yes / no	yes / <input checked="" type="checkbox"/>
I had caffeine:						
# of drinks	# of drinks	# of drinks	# of drinks	# of drinks	# of drinks	# of drinks
<input checked="" type="checkbox"/> Morning	<input checked="" type="checkbox"/> Morning	<input checked="" type="checkbox"/> Morning	<input checked="" type="checkbox"/> Morning	<input checked="" type="checkbox"/> Morning	<input checked="" type="checkbox"/> Morning	<input checked="" type="checkbox"/> Morning
<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input checked="" type="checkbox"/> Afternoon
<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening
I exercised for _____ minutes:						
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medications or drugs I used today:						
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Throughout the day, I felt drowsy:						
<input type="checkbox"/> Never	<input type="checkbox"/> Never	<input checked="" type="checkbox"/> Never	<input checked="" type="checkbox"/> Never	<input type="checkbox"/> Never	<input type="checkbox"/> Never	<input checked="" type="checkbox"/> Never
<input type="checkbox"/> Sometimes	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Sometimes
<input type="checkbox"/> Very Often	<input type="checkbox"/> Very Often	<input type="checkbox"/> Very Often	<input type="checkbox"/> Very Often	<input type="checkbox"/> Very Often	<input type="checkbox"/> Very Often	<input type="checkbox"/> Very Often
Overall, my mood today was: e.g. positive, negative, neutral						
positive	positive	positive	positive	positive	positive	positive
In the hour before bed, my activities included: e.g. reading, computer, TV, showering, phone, eating, spending time with partner						
phone	phone	phone	phone	phone	phone	phone

Monday	
Trackwork	8 5
Gallops	5
Jumpsouts	5
Trials	
Races	
Other eg. gym/run	
Tuesday	
Trackwork	5
Gallops	5
Jumpsouts	3
Trials	
Races	
Other eg. gym/run	
Wednesday	
Trackwork	5
Gallops	3
Jumpsouts	
Trials	
Races	
Other eg. gym/run	
Thursday	
Trackwork	# 2
Gallops	3
Jumpsouts	
Trials	
Races	
Other eg. gym/run	
Friday	
Trackwork	5
Gallops	
Jumpsouts	
Trials	
Races	
Other eg. gym/run	
Saturday	
Trackwork	5
Gallops	
Jumpsouts	
Trials	
Races	
Other eg. gym/run	
Sunday	
Trackwork	
Gallops	
Jumpsouts	
Trials	
Races	
Other eg. gym/run	

My Riding Diary

Number of horses ridden

Date: 20/3/2023

Name: JIm

Notes:

Saturday

Breakfast	Tacos
Snack	Cheerios
Lunch	Tacos
Dinner	Pizza
Snack	Chex Mix

Sunday

Breakfast	Tacos
Snack	Cheerios
Lunch	Tacos
Dinner	Pizza
Snack	Chex Mix

Wednesday

Breakfast	Tacos
Snack	Cheerios
Lunch	Tacos
Dinner	Beef Mince - Pasta
Snack	

Wednesday

Breakfast	Tacos
Snack	Cheerios
Lunch	Tacos
Dinner	Beef Mince - Pasta
Snack	

Tuesday

Breakfast	Tacos
Snack	Cheerios
Lunch	Tacos
Dinner	Beef Mince - Pasta
Snack	

Monday

Breakfast	Sandwich
Snack	
Lunch	Salad, Rice, Chana
Dinner	
Snack	

Date: 30/3/2023

Name: Jim

My Food Diary

Sleep Diary: Morning

Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Day of the week: Monday						Sunday
I went to bed at:						
I woke up at:	✓ AM / PM	✓ AM / PM	11 AM / PM	✓ AM / PM	11 AM / PM	✓ AM / PM
Last night, I slept for ___ hours:	✓ AM / PM	✓ AM / PM	12-30 AM / PM	✓ AM / PM	1-30 AM / PM	✓ AM / PM
Last night, it took me about ___ minutes to fall asleep:	15	20	30	30	20	60
I felt that the quality of my sleep was: e.g. very good, good, bad, very bad	Bad	Bad	Good	Good	Good	Good
This morning, I feel: e.g. refreshed, tired, groggy, alert	Refreshed	Refreshed	Refreshed	Refreshed	Refreshed	Refreshed
My sleep was made more difficult by: e.g. temperature, noise, dreams, thoughts, not feeling tired, discomfort						
During the night, I woke up ___ times:	0	0	0	0	0	0

Sleep Diary: Night

Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
I took a nap: <input checked="" type="checkbox"/> no <input type="checkbox"/> yes / <input checked="" type="radio"/>	<input type="checkbox"/> yes / <input checked="" type="radio"/>	<input type="checkbox"/> yes / <input checked="" type="radio"/>	<input type="checkbox"/> yes / <input checked="" type="radio"/>	<input type="checkbox"/> yes / <input checked="" type="radio"/>	<input type="checkbox"/> yes / <input checked="" type="radio"/>	<input type="checkbox"/> yes / <input checked="" type="radio"/>
I had caffeine: <input type="checkbox"/> None <input checked="" type="checkbox"/> Never						
# of drinks	# of drinks	# of drinks	# of drinks	# of drinks	# of drinks	# of drinks
<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning
<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon
<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening
I exercised for ___ minutes: 30	0	30	30	0	0	0
Medications or drugs I used today:						
Throughout the day, I felt drowsy:						
<input type="checkbox"/> Never	<input type="checkbox"/> Never	<input checked="" type="checkbox"/> Never	<input type="checkbox"/> Never	<input type="checkbox"/> Never	<input type="checkbox"/> Never	<input type="checkbox"/> Never
<input checked="" type="checkbox"/> Sometimes	<input checked="" type="checkbox"/> Sometimes	<input checked="" type="checkbox"/> Sometimes	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Sometimes
<input type="checkbox"/> Very Often	<input type="checkbox"/> Very Often	<input type="checkbox"/> Very Often	<input type="checkbox"/> Very Often	<input type="checkbox"/> Very Often	<input type="checkbox"/> Very Often	<input type="checkbox"/> Very Often
Overall, my mood today was: e.g. positive, negative, neutral	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral
In the hour before bed, my activities included: e.g. reading, computer, TV, showering, phone, eating, spending time with partner	TU	TU	TU	TU	TU	Phone

My Riding Diary

Date: 20/03 Number of horses ridden

Name: Cici

Monday	
Trackwork	12
Gallops	7
Jumpsouts	6
Trials	
Races	
Other eg. gym/run	
Tuesday	
Trackwork	7
Gallops	6
Jumpsouts	5
Trials	
Races	
Other eg. gym/run	
Wednesday	
Trackwork	12
Gallops	8
Jumpsouts	
Trials	
Races	
Other eg. gym/run	
Thursday	
Trackwork	10
Gallops	3
Jumpsouts	
Trials	
Races	
Other eg. gym/run	
Friday	
Trackwork	8
Gallops	
Jumpsouts	
Trials	
Races	
Other eg. gym/run	
Saturday	
Trackwork	2
Gallops	
Jumpsouts	
Trials	
Races	
Other eg. gym/run	
Sunday	
Trackwork	
Gallops	
Jumpsouts	
Trials	
Races	
Other eg. gym/run	

Notes:

Name: Ciel
Date: 20/03

My Food Diary

Notes:

Saturday	
	Snack
Breakfast	toasted
Snack	Lunch
Dinner	American hot dog
Snack	Chips
Breakfast	eggs beni

Sunday	
	Snack
Breakfast	raspberries
Snack	Lunch
Dinner	chicken & chips
Snack	Dinner
Breakfast	BBQ

Wednesday	
	Snack
Breakfast	Mc'ds.
Snack	Lunch
Dinner	Noodles
Snack	Chicken and pasta
Breakfast	bacon

Friday	
	Snack
Breakfast	bacon
Snack	Lunch
Dinner	shredded lettuce salad
Snack	Snack
Breakfast	chicken and pasta

Tuesday	
	Snack
Breakfast	pasta bake
Snack	Lunch
Dinner	bagels
Snack	Breakfast
Breakfast	pasta bake

Monday	
	Snack
Breakfast	sausage roll, sandwich
Snack	Lunch
Dinner	buddha bowl
Snack	Snack
Breakfast	pasta bake

Sleep Diary: Morning

Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Day of the week:						
Mondau	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
I went to bed at:						
10 AM / <input checked="" type="radio"/> PM	10 AM / <input checked="" type="radio"/> PM	10 AM / <input checked="" type="radio"/> PM	10 AM / <input checked="" type="radio"/> PM	10 AM / <input checked="" type="radio"/> PM	2 AM / <input checked="" type="radio"/> PM	11 AM / <input checked="" type="radio"/> PM
I woke up at:						
4.15 AM / PM	4.15 AM / PM	4.15 AM / PM	4.15 AM / PM	5.30 AM / PM	8 AM / PM	9 AM / PM
Last night, I slept for ___ hours:						
Last night, it took me about ___ minutes to fall asleep:	5m	5m	5m	5m	1m	30m
I felt that the quality of my sleep was:						
e.g. very good, good, bad, very bad	good	good	good	good	good	good
This morning, I feel:						
e.g. refreshed, tired, groggy, alert	Muthuval	—	—	—	—	—
My sleep was made more difficult by:						
e.g. temperature, noise, dreams, thoughts, not feeling tired, discomfort						
During the night, I woke up ___ times:	1					

Sleep Diary: Night

Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
I took a nap: <input checked="" type="checkbox"/> yes / no	<input checked="" type="checkbox"/> yes / no	<input checked="" type="checkbox"/> yes / no	<input checked="" type="checkbox"/> yes / no	yes / <input checked="" type="checkbox"/>	yes / <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> yes / no
I had caffeine:						
# of drinks	# of drinks	# of drinks	# of drinks	# of drinks	# of drinks	# of drinks
<input checked="" type="checkbox"/> Morning	<input checked="" type="checkbox"/> Morning	<input checked="" type="checkbox"/> Morning	<input checked="" type="checkbox"/> Morning	<input checked="" type="checkbox"/> Morning	<input checked="" type="checkbox"/> Morning	<input checked="" type="checkbox"/> Morning
<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon
<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening
I exercised for _____ minutes:	5h	5h	5h	3h	race)	—
Medications or drugs I used today:						
Throughout the day, I felt drowsy:						
<input type="checkbox"/> Never	<input type="checkbox"/> Never	<input checked="" type="checkbox"/> Never	<input checked="" type="checkbox"/> Never	<input checked="" type="checkbox"/> Never	<input checked="" type="checkbox"/> Never	<input type="checkbox"/> Never
<input checked="" type="checkbox"/> Sometimes	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Sometimes
<input type="checkbox"/> Very Often	<input type="checkbox"/> Very Often	<input type="checkbox"/> Very Often	<input type="checkbox"/> Very Often	<input type="checkbox"/> Very Often	<input type="checkbox"/> Very Often	<input checked="" type="checkbox"/> Very Often
Overall, my mood today was: e.g. positive, negative, neutral	positive	positive	positive	positive	positive	negative
In the hour before bed, my activities included: e.g. reading, computer, TV, showering, phone, eating, spending time with partner	phone	reading	reading	phone	phone	phone

Monday	
Trackwork	5
Gallops	
Jumpsouts	
Trials	
Races	
Other eg. gym/run	
Tuesday	
Trackwork	9
Gallops	
Jumpsouts	
Trials	
Races	
Other eg. gym/run	
Wednesday	
Trackwork	10
Gallops	
Jumpsouts	
Trials	
Races	
Other eg. gym/run	
Thursday	
Trackwork	9
Gallops	
Jumpsouts	
Trials	
Races	
Other eg. gym/run	
Friday	
Trackwork	9
Gallops	
Jumpsouts	
Trials	
Races	
Other eg. gym/run	
Saturday	
Trackwork	9
Gallops	
Jumpsouts	
Trials	
Races	
Other eg. gym/run	
Sunday	
Trackwork	9
Gallops	
Jumpsouts	
Trials	
Races	
Other eg. gym/run	

My Riding Diary

Number of horses ridden

Date:

Name: Elle Gloucester

Notes:

Saturday	
Breakfast	Coffee
Snack	Coffee Iced Tea
	Fruitcake, Salad.
Dinner	
Snack	
Lunch	Coffee Iced Tea
Snack	
Breakfast	Coffee
Snack	
Dinner	
Snack	

Wednesday	
Breakfast	Coffee
Snack	Coffee Iced Tea
	Milkshake
Dinner	
Snack	
Lunch	Coffee Iced Tea
Snack	
Breakfast	Coffee
Snack	
Dinner	
Snack	

Tuesday	
Breakfast	Coffee
Snack	Coffee
	Cucumber Noddles
Lunch	Biscuits
Dinner	Pasta
Snack	

Sunday	
Breakfast	Coffee
Snack	Coffee
	Lunch
Dinner	
Snack	

Friday	
Breakfast	Coffee
Snack	Coffee Jam
Dinner	Pasta
Snack	
Lunch	Coffee Jam
Snack	
Breakfast	Coffee
Snack	
Dinner	
Snack	

Wednesday	
Breakfast	Coffee
Snack	Coffee Iced Tea
Dinner	Pasta
Snack	
Lunch	Coffee Iced Tea
Snack	
Breakfast	Coffee
Snack	
Dinner	
Snack	

Monday	
Breakfast	Coffee
Snack	Coffee
	Bowl Thins
Lunch	
Dinner	
Snack	

Date:

Name:

Ale

姓名	
性别	
年龄	岁
民族	蒙古族
出生年月	1966年1月
文化程度	小学文化
工作单位	无
现住址	内蒙古自治区包头市石拐区五当召乡五当召村

姓名	
性别	
年龄	岁
民族	蒙古族
出生年月	1966年1月
文化程度	小学文化
工作单位	无
现住址	内蒙古自治区包头市石拐区五当召乡五当召村

姓名	
性别	
年龄	岁
民族	蒙古族
出生年月	1966年1月
文化程度	小学文化
工作单位	无
现住址	内蒙古自治区包头市石拐区五当召乡五当召村

姓名	
性别	
年龄	岁
民族	蒙古族
出生年月	1966年1月
文化程度	小学文化
工作单位	无
现住址	内蒙古自治区包头市石拐区五当召乡五当召村

姓名	
性别	
年龄	岁
民族	蒙古族
出生年月	1966年1月
文化程度	小学文化
工作单位	无
现住址	内蒙古自治区包头市石拐区五当召乡五当召村

姓名	
性别	
年龄	岁
民族	蒙古族
出生年月	1966年1月
文化程度	小学文化
工作单位	无
现住址	内蒙古自治区包头市石拐区五当召乡五当召村

姓名	
性别	
年龄	岁
民族	蒙古族
出生年月	1966年1月
文化程度	小学文化
工作单位	无
现住址	内蒙古自治区包头市石拐区五当召乡五当召村

姓名	
性别	
年龄	岁
民族	蒙古族
出生年月	1966年1月
文化程度	小学文化
工作单位	无
现住址	内蒙古自治区包头市石拐区五当召乡五当召村

日期:

签名:

内蒙古自治区疾病预防控制中心



Sleep Diary: Morning

Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Day of the week:						
M	T	W	T	F	S	Su
I went to bed at:						
10:30 AM / PM	10:00 AM / PM	10:30 AM / PM	10:30 AM / PM	10:30 AM / PM	11 AM / PM	11 AM / PM
I woke up at:						
4:30 AM / PM	4:30 AM / PM	3:30 AM / PM	3:30 AM / PM	4:30 AM / PM	3:30 AM / PM	7 AM / PM
Last night, I slept for <u>7</u> hours:						
Last night, it took me about <u>10</u> minutes to fall asleep:						
I felt that the quality of my sleep was: e.g. very good, good, bad, very bad						
This morning, I feel: e.g. refreshed, tired, groggy, alert						
My sleep was made more difficult by: e.g. temperature, noise, dreams, thoughts (not feeling tired), discomfort						
During the night, I woke up <u>2</u> times:						

Sleep Diary: Night

Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
-------	-------	-------	-------	-------	-------	-------

I took a nap:

yes / no yes / yes / yes / yes / yes / yes /

I had caffeine:

# of drinks	# of drinks	# of drinks	# of drinks	# of drinks	# of drinks	# of drinks
<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning
<input checked="" type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input checked="" type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon
<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input checked="" type="checkbox"/> Evening	<input type="checkbox"/> Evening

I exercised for ____ minutes:

Medications or drugs I used today:

Throughout the day, I felt drowsy:

<input type="checkbox"/> Never	<input type="checkbox"/> Never	<input type="checkbox"/> Never	<input type="checkbox"/> Never	<input type="checkbox"/> Never	<input type="checkbox"/> Never	<input type="checkbox"/> Never
<input checked="" type="checkbox"/> Sometimes	<input checked="" type="checkbox"/> Sometimes	<input checked="" type="checkbox"/> Sometimes	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Sometimes
<input type="checkbox"/> Very Often	<input type="checkbox"/> Very Often	<input type="checkbox"/> Very Often	<input type="checkbox"/> Very Often	<input type="checkbox"/> Very Often	<input type="checkbox"/> Very Often	<input type="checkbox"/> Very Often

Overall, my mood today was:
e.g. positive, negative, neutral

Noted

In the hour before bed, my activities included:
e.g. reading, computer, TV, showering, phone, eating, spending time with partner

Showering, Phone, Spending time with

MY RIDING DIARY

Number of horses ridden

Date: 01/05/2023

Tuesday	
Trackwork	10
Gallops	
Jumpsouts	
Trials	
Races	
Other eg. gym/run	
Wednesday	
Trackwork	10
Gallops	
Jumpsouts	
Trials	
Races	
Other eg. gym/run	
Thursday	
Trackwork	10
Gallops	
Jumpsouts	
Trials	
Races	
Other eg. gym/run	
Friday	
Trackwork	6
Gallops	4
Jumpsouts	
Trials	
Races	
Other eg. gym/run	
Saturday	
Trackwork	10
Gallops	
Jumpsouts	
Trials	
Races	
Other eg. gym/run	
Sunday	
Trackwork	10
Gallops	
Jumpsouts	
Trials	
Races	
Other eg. gym/run	

Monday	
Trackwork	10
Gallops	
Jumpsouts	
Trials	
Races	
Other eg. gym/run	
Tuesday	
Trackwork	10
Gallops	
Jumpsouts	
Trials	
Races	
Other eg. gym/run	
Wednesday	
Trackwork	10
Gallops	
Jumpsouts	
Trials	
Races	
Other eg. gym/run	
Thursday	
Trackwork	10
Gallops	
Jumpsouts	
Trials	
Races	
Other eg. gym/run	
Friday	
Trackwork	6
Gallops	4
Jumpsouts	
Trials	
Races	
Other eg. gym/run	
Saturday	
Trackwork	10
Gallops	
Jumpsouts	
Trials	
Races	
Other eg. gym/run	
Sunday	
Trackwork	10
Gallops	
Jumpsouts	
Trials	
Races	
Other eg. gym/run	

Notes:

Saturday	
Breakfast	Milk / Tea
Snack	Lamb Curry
Lunch	Vegatable Curry
Snack	Chicken Curry
Dinner	Lamb Massala Curry
Snack	Lamb Curry
Breakfast	Milk / Tea

Sunday	
Breakfast	Eggs.
Snack	Tikka Masala Curry
Lunch	Vegitable Curry
Snack	Palak Paneer Curry
Dinner	Vegitable Curry
Snack	Palak Paneer Curry
Breakfast	Milk
Friday	
Breakfast	Milk
Snack	Chicken Curry
Lunch	Beef Jalfrazi Curry
Snack	Lamb Massala Curry
Dinner	Lamb Massala Curry
Snack	Lamb Curry
Breakfast	Milk
Wednesday	
Breakfast	Milk
Snack	Curry
Lunch	Curry
Snack	Curry
Dinner	Biryani Curry
Snack	Beef Jalfrazi Curry
Breakfast	Milk
Tuesday	
Breakfast	Milk
Snack	Curry
Lunch	Kadai Lamb Curry
Snack	Curry
Dinner	Biryani Chicken Curry
Snack	Curry
Breakfast	Milk
Monday	
Breakfast	Tea, Milk
Snack	Curry
Lunch	Curry
Snack	Curry
Dinner	Curry
Snack	Curry

Date: _____

Sleep Diary: Morning

Day 1 **Day 2** **Day 3** **Day 4** **Day 5** **Day 6** **Day 7**

Day of the week:

Mon

Tues

Wed

Thurs

Fri

Sat

Sun

I went to bed at:

9 AM / PM

I woke up at:

4 AM / PM

Last night, I slept for ___ hours:

7 hours.

7 hours.

7 hours.

7 hours.

7 hours.

7 hours.

Last night, it took me about ___ minutes to fall asleep:

5 - 10 mins.

I felt that the quality of my sleep was:
e.g. very good, good, bad, very bad

Very good

Mood

Mood

Mood

Mood

Mood

Very good

This morning, I feel:
e.g. refreshed, tired, groggy, alert

refreshed

Mood

Mood

Mood

Mood

Mood

Very good

My sleep was made more difficult by:
e.g. temperature, noise, dreams, thoughts, not feeling tired, discomfort

not feeling tired

During the night, I woke up ___ times:

1 - 2 times

Sleep Diary: Night

Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
-------	-------	-------	-------	-------	-------	-------

I took a nap:

yes / no yes / no yes / no yes / no yes / no

I had caffeine:

| # of drinks |
|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Morning |
| <input type="checkbox"/> Afternoon |
| <input type="checkbox"/> Evening |

I exercised for ____ minutes:

Medications or drugs I used today:

Throughout the day, I felt drowsy:

<input type="checkbox"/> Never	<input type="checkbox"/> Never	<input type="checkbox"/> Never	<input type="checkbox"/> Never
<input type="checkbox"/> Sometimes	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Sometimes
<input type="checkbox"/> Very Often			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall, my mood today was:
e.g. positive, negative, neutral

In the hour before bed, my activities included:
e.g. reading, computer, TV, showering, phone, eating, spending time with partner

My Riding Diary

UNIVERSITY OF NEW ZEALAND

THE KUNENGĀ NI PĀRĀHURUA



Name: Amelie
Email: k.legg@massey.ac.nz

Massey University
School of Veterinary Science
Palmerston North 4441

Number of horses ridden

Date:

Tuesday

Trackwork

12

Gallops

8

Jumpsouts

8

Races

8

Trials

8

Other eg. gym/run

Wednesday

Wednesday

Trackwork

8

Gallops

8

Jumpsouts

8

Races

8

Trials

8

Other eg. gym/run

13 Hawera

Thursday

Friday

Trackwork

6

Gallops

6

Jumpsouts

6

Trials

6

Other eg. gym/run

Notes:

Saturday

Sunday

Races

6

Jumpsouts

6

Gallops

6

Trackwork

6

Notes:

Saturday

Breakfast
Snack
Lunch
Snack
Dinner

Sunday

Breakfast
Snack
Lunch
Snack
Dinner

Friday

Breakfast
Snack
Lunch
Snack
Dinner

Wednesday

Breakfast
Snack
Lunch
Snack
Dinner

Monday

Breakfast
Snack
Lunch
Snack
Dinner

Date: _____

MY Food Diary

UNIVERSITY OF NEW ZEALAND

TE KŪNGENGA NI PŪRWERUA



Name: _____

Sleep Diary: Morning

Day 1 Day 2 Day 3 Day 4 Day 5 Day 6 Day 7

Day of the week:

Mon

Tues

Wed

Thurs

Fri

Sat

Sun

I went to bed at:

AM / PM

I woke up at:

AM / PM

Last night, it took me about 36 minutes to fall asleep:

I felt that the quality of my sleep was:
e.g. very good, good, bad, very bad

This morning I feel:
e.g. refreshed, tired, groggy, alert

My sleep was made more difficult by:
e.g. temperature noise, dreams, thoughts, not feeling tired, discomfort

During the night, I woke up times:

Sleep Diary: Night

Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
-------	-------	-------	-------	-------	-------	-------

I took a nap:

yes / no

I had caffeine:

yes / no

Coffee
of drinks

Morning

Morning

Morning

Morning

Morning

Morning

Morning

Afternoon

Afternoon

Afternoon

Afternoon

Afternoon

Afternoon

Afternoon

Evening

Evening

Evening

Evening

Evening

Evening

Evening

I exercised for ____ minutes:

Medications or drugs I used today:

Throughout the day, I felt drowsy:

Never
Sometimes
Very Often

Overall, my mood today was:
e.g. positive, negative, neutral

In the hour before bed, my activities included:
e.g. reading, computer TV, showering, phone, eating, spending time with partner

closed eyes, breathing

My Riding Diary	
Number of horses ridden	
Date: 1st May 2023	
Name: Rohan Singh	
Monday	7
Trackwork	7
Gallops	0
Jumpsouts	0
Trials	0
Races	0
Other eg. gym/run	Wetted
Tuesday	
Trackwork	7
Gallops	0
Jumpsouts	0
Trials	0
Races	0
Other eg. gym/run	Wetted
Wednesday	
Trackwork	5
Gallops	0
Jumpsouts	0
Trials	0
Races	0
Other eg. gym/run	Wetted
Thursday	
Trackwork	7
Gallops	0
Jumpsouts	0
Trials	0
Races	0
Other eg. gym/run	Wetted
Friday	
Trackwork	3
Gallops	6
Jumpsouts	0
Trials	0
Races	0
Other eg. gym/run	
Saturday	
Trackwork	0
Gallops	0
Jumpsouts	0
Trials	0
Races	0
Other eg. gym/run	Wetted
Sunday	
Trackwork	0
Gallops	0
Jumpsouts	0
Trials	0
Races	0
Other eg. gym/run	Wetted my horse

Notes:

Notes:

Breakfast	Cheese on Focaccia
Snack	Lunch
Snack	Dinner
Lunch	Snack
Dinner	Snack

Saturday

Breakfast	Peanut Butter
Snack	Lunch
Snack	Dinner
Lunch	Snack
Dinner	Snack

Thursday

Breakfast	Corn Flakes
Snack	Lunch
Snack	Dinner
Lunch	Snack
Dinner	Snack

Tuesday

Breakfast	Cheese on Focaccia
Snack	Lunch
Snack	Dinner
Lunch	Snack
Dinner	Snack

Sunday

Breakfast	Corn Flakes
Snack	Lunch
Snack	Dinner
Lunch	Snack
Dinner	Snack

Friday

Breakfast	Corn Flakes
Snack	Lunch
Snack	Dinner
Lunch	Snack
Dinner	Snack

Wednesday

Breakfast	Corn Flakes
Snack	Lunch
Snack	Dinner
Lunch	Snack
Dinner	Snack

Monday

Date:

Name: *Alecia Fletcher*

Sleep Diary: Morning

Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Day of the week:						
I went to bed at:	10:30 AM / PM	11 AM / PM	12 AM / PM	12 AM / PM	4 AM / AM	4 AM / AM
I woke up at:	5:20 AM / PM	6:20 AM / PM	6:30 AM / PM	3:55 AM / PM	3:55 AM / PM	12:55 AM / PM
Last night, I slept for ___ hours:	8 hrs					
Last night, it took me about ___ minutes to fall asleep:	10 mins					
I felt that the quality of my sleep was:	good					
e.g. very good, good, bad, very bad						
This morning, I feel:	refreshed					
e.g. refreshed, tired, groggy, alert						
My sleep was made more difficult by:	temperature					
e.g. temperature, noise, dreams, thoughts, not feeling tired, discomfort						
During the night, I woke up ___ times:	0					

Sleep Diary: Night

Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
I took a nap: _____ / no <input checked="" type="checkbox"/> yes / no	I took a nap: _____ / no <input checked="" type="checkbox"/> yes / no	I took a nap: _____ / no <input checked="" type="checkbox"/> yes / no	I took a nap: _____ / no <input checked="" type="checkbox"/> yes / no	I took a nap: _____ / no <input checked="" type="checkbox"/> yes / no	I took a nap: _____ / no <input checked="" type="checkbox"/> yes / no	I took a nap: _____ / no <input checked="" type="checkbox"/> yes / no
I had caffeine: _____ # of drinks						
<input type="checkbox"/> Morning <input checked="" type="checkbox"/> Afternoon <input type="checkbox"/> Evening	<input type="checkbox"/> Morning <input checked="" type="checkbox"/> Afternoon <input type="checkbox"/> Evening	<input type="checkbox"/> Morning <input checked="" type="checkbox"/> Afternoon <input type="checkbox"/> Evening	<input type="checkbox"/> Morning <input checked="" type="checkbox"/> Afternoon <input type="checkbox"/> Evening	<input type="checkbox"/> Morning <input checked="" type="checkbox"/> Afternoon <input type="checkbox"/> Evening	<input type="checkbox"/> Morning <input checked="" type="checkbox"/> Afternoon <input type="checkbox"/> Evening	<input type="checkbox"/> Morning <input checked="" type="checkbox"/> Afternoon <input type="checkbox"/> Evening
I exercised for ____ minutes: <i>4 hr</i>	I exercised for ____ minutes: <i>2 hr</i>	I exercised for ____ minutes: <i>2 hr</i>	I exercised for ____ minutes: <i>4 hr</i>	I exercised for ____ minutes: <i>2 hr</i>	I exercised for ____ minutes: <i>2 hr</i>	I exercised for ____ minutes: <i>2 hr</i>
Medications or drugs I used today: _____						
Throughout the day, I felt drowsy: _____ # of times	Throughout the day, I felt drowsy: _____ # of times	Throughout the day, I felt drowsy: _____ # of times	Throughout the day, I felt drowsy: _____ # of times	Throughout the day, I felt drowsy: _____ # of times	Throughout the day, I felt drowsy: _____ # of times	Throughout the day, I felt drowsy: _____ # of times
<input type="checkbox"/> Never <input checked="" type="checkbox"/> Sometimes <input type="checkbox"/> Very Often	<input type="checkbox"/> Never <input checked="" type="checkbox"/> Sometimes <input type="checkbox"/> Very Often	<input type="checkbox"/> Never <input checked="" type="checkbox"/> Sometimes <input type="checkbox"/> Very Often	<input type="checkbox"/> Never <input checked="" type="checkbox"/> Sometimes <input type="checkbox"/> Very Often	<input type="checkbox"/> Never <input checked="" type="checkbox"/> Sometimes <input type="checkbox"/> Very Often	<input type="checkbox"/> Never <input checked="" type="checkbox"/> Sometimes <input type="checkbox"/> Very Often	<input type="checkbox"/> Never <input checked="" type="checkbox"/> Sometimes <input type="checkbox"/> Very Often
Overall, my mood today was: e.g. positive, negative, neutral <i>Neutral</i>	Overall, my mood today was: e.g. positive, negative, neutral <i>Neutral</i>	Overall, my mood today was: e.g. positive, negative, neutral <i>Neutral</i>	Overall, my mood today was: e.g. positive, negative, neutral <i>Neutral</i>	Overall, my mood today was: e.g. positive, negative, neutral <i>Neutral</i>	Overall, my mood today was: e.g. positive, negative, neutral <i>Neutral</i>	Overall, my mood today was: e.g. positive, negative, neutral <i>Neutral</i>
In the hour before bed, my activities included: e.g. reading, computer, TV, showering, phone, eating, spending time with partner <i>Reading, TV</i>	In the hour before bed, my activities included: e.g. reading, computer, TV, showering, phone, eating, spending time with partner <i>Reading, TV</i>	In the hour before bed, my activities included: e.g. reading, computer, TV, showering, phone, eating, spending time with partner <i>Reading, TV</i>	In the hour before bed, my activities included: e.g. reading, computer, TV, showering, phone, eating, spending time with partner <i>Reading, TV</i>	In the hour before bed, my activities included: e.g. reading, computer, TV, showering, phone, eating, spending time with partner <i>Reading, TV</i>	In the hour before bed, my activities included: e.g. reading, computer, TV, showering, phone, eating, spending time with partner <i>Reading, TV</i>	In the hour before bed, my activities included: e.g. reading, computer, TV, showering, phone, eating, spending time with partner <i>Reading, TV</i>

MY RIDING DIARY

Name: Ella

Date: 1 May 2023

Number of horses ridden

School of Veterinary Science
Massey University
Palmersston North 4441
Email: k.legg@massey.ac.nz

Tuesday	
Wednesday	
Thursday	
Trackwork	2
Gallops	4
Jumpsouts	—
Trials	—
Races	—
Other eg. gym/run	—
<i>Load my own horse</i>	

Friday	
Trackwork	4
Gallops	—
Jumpsouts	—
Trials	—
Races	—
Other eg. gym/run	—
<i>Load my own horse</i>	
Saturday	
Trackwork	8
Gallops	—
Jumpsouts	—
Trials	—
Races	—
Other eg. gym/run	—
<i>Load my own horse</i>	
Sunday	
Trackwork	—
Gallops	—
Jumpsouts	—
Trials	—
Races	—
Other eg. gym/run	—
<i>Load my own horse</i>	

Notes:

Tuesday		
Breakfast	Coffee	Coffee
Lunch	Eggs on toast	bananas
Snack		water
Dinner	Pasta	potato, pea
Snack		water
Breakfast	Coffee	Coffee
Lunch	Eggs on toast	water
Snack		water
Dinner	Pasta	potato, pea
Snack		water
Breakfast	Coffee	Coffee
Lunch	Eggs on toast	water
Snack		water
Dinner	Pasta	potato, pea
Snack		water

Monday		
Breakfast	Coffee	Coffee
Lunch	Eggs on toast	water
Snack		water
Dinner	Pasta	potato, pea
Snack		water
Breakfast	Coffee	Coffee
Lunch	Eggs on toast	water
Snack		water
Dinner	Pasta	potato, pea
Snack		water
Wednesday		
Breakfast	Coffee	Coffee
Lunch	Eggs on toast	water
Snack		water
Dinner	Pasta	potato, pea
Snack		water
Thursday		
Breakfast	Coffee	Coffee
Lunch	Eggs on toast	water
Snack		water
Dinner	Pasta	potato, pea
Snack		water
Friday		
Breakfast	Coffee	Coffee
Lunch	Eggs on toast	water
Snack		water
Dinner	Pasta	potato, pea
Snack		water
Saturday		
Breakfast	Coffee	Coffee
Lunch	Cereal Muesli	water
Snack		water
Dinner	Noodles	
Snack		water
Sunday		
Breakfast	Coffee	Coffee
Lunch	Cereal Muesli	water
Snack		water
Dinner	Noodles	
Snack		water

Date: _____

MY Food Diary

Name: ELA
 School of Veterinary Science
 Massey University
 Palmerston North
 Email: k.legg@massey.ac.nz

UNIVERSITY OF NEW ZEALAND



Sleep Diary: Morning

Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
-------	-------	-------	-------	-------	-------	-------

Day of the week:

Mon

Tues

Wed

Thurs

Fri

Sat

Sun

I went to bed at:

10:30

10:30

10:30

10:30

10:30

AM / PM

10:30 AM / PM

10:30

10:30

10:30

10:30

10:30

I woke up at:

10:30

10:30

10:30

10:30

10:30

AM / PM

10:30 AM / PM

10:30

10:30

10:30

Last night, I slept for ___ hours:

4 ?

Last night, it took me about ___ minutes to fall asleep:

?

I felt that the quality of my sleep was:
e.g. very good, good, bad, very bad

good

This morning, I feel:
e.g. refreshed, tired, groggy, alert

tired

My sleep was made more difficult by:
e.g. temperature, noise, dreams, thoughts, not feeling tired, discomfort

Waking

During the night, I woke up ___ times:

?

Sleep Diary: Night



Day 1

Day 2

Day 3

Day 4

Day 5

Day 6

Day 7

I took a nap:

yes / no

I had caffeine:

2 # of drinks

Morning

Morning

Morning

Morning

Morning

Morning

Morning

Afternoon

Afternoon

Afternoon

Afternoon

Afternoon

Afternoon

Evening

Evening

Evening

Evening

Evening

Evening

I exercised for ____ minutes:

Medications or drugs I used today:

Throughout the day, I felt drowsy:

Never
 Sometimes
 Very Often

Overall, my mood today was:
e.g. positive, negative, neutral

In the hour before bed, my activities included:
e.g. reading, computer, TV, showering, phone, eating, spending time with partner

Tuesday Day off	
Trackwork	4
Gallops	4
Jumpsouts	5
Trials	1
Races	1
Other eg. gym/run	/

Wednesday	
Trackwork	4
Gallops	2
Jumpsouts	1
Trials	1
Races	1
Other eg. gym/run	/

Thursday	
Trackwork	4
Gallops	5
Jumpsouts	1
Trials	1
Races	1
Other eg. gym/run	/

Friday	
Trackwork	9
Gallops	1
Jumpsouts	1
Trials	1
Races	1
Other eg. gym/run	/

Saturday	
Trackwork	3
Gallops	4
Jumpsouts	1
Trials	1
Races	1
Other eg. gym/run	/

Notes:	
4	4

Sunday Day off	
Trackwork	9
Gallops	1
Jumpsouts	1
Trials	1
Races	1
Other eg. gym/run	/

Number of horses ridden

Date: 1/5/2023

My Riding Diary

Name: Jim Ching
School of Veterinary Science
Massey University
Palmerston North 4441
Email: k.jlegg@massey.ac.nz

Name: Jim Chuang

School of Veterinary Medicine
Massey University
Palmerston North 4441
Email: kyle.legg@massey.ac.nz

MY Food Diary

Date: 1/5/2023

UNIVERSITY OF NEW ZEALAND

TE KŪNEENGĀ NI POKERIHOA



Tuesday		
		Notes:
Breakfast	Rice + Chicken	
Lunch	Cereals + Milk	
Snack	Gummiies	
Dinner	Tea + Chicken + Milk	
Snack	/	
Lunch	Chicken Wrap	
Snack	Biscuits	
Dinner	Rice + Pork + Beer	
Snack	/	
Breakfast	Tacos + Cheese + Tea	
Wednesday		
Breakfast	Tacos + Hams + Tea	
Lunch	Cereal + Milk	
Snack	/	
Dinner	Chicken + Beer	
Snack	/	
Breakfast	Tacos + Cheese + Tea	
Thursday		
Breakfast	Tacos + Hams + Tea	
Lunch	Cereal + Milk	
Snack	/	
Dinner	Rice + Chicken + Beer	
Snack	/	
Breakfast	Rice + Chicken	
Friday		
Breakfast	Rice + Pork + Spinach	
Lunch	Gummiies	
Snack	/	
Dinner	Burger	
Snack	/	
Breakfast	Taco + Cheese + Ham	
Saturday		
Breakfast	Cereal + Milk	
Lunch	/	
Snack	/	
Dinner	Choclate + Tea	
Snack	Burger	
Breakfast	Choclate + Tea	
Sunday		
Breakfast	Taco + Cheese + Ham	
Lunch	Tacos	
Snack	/	
Dinner	Bread + Muesli + Beer	
Snack	/	

Sunday		
		Notes:
Breakfast	Taco + Cheese + Ham	
Lunch	Tacos	
Snack	/	
Dinner	Bread + Muesli + Beer	
Snack	/	
Breakfast	Taco + Cheese + Ham	
Lunch	Tacos	
Snack	/	
Dinner	Burger	
Snack	/	
Breakfast	Taco + Cheese + Ham	
Monday		
Breakfast	Rice + Chicken	
Lunch	Cereal + Milk	
Snack	Gummiies	
Dinner	Rice + Chicken + Beer	
Snack	/	
Breakfast	Rice + Chicken	
Tuesday		
Breakfast	Rice + Chicken + Beer	
Lunch	Cereal + Milk	
Snack	/	
Dinner	Rice + Chicken + Beer	
Snack	/	
Breakfast	Rice + Chicken	
Wednesday		
Breakfast	Tacos + Hams + Tea	
Lunch	Cereal + Milk	
Snack	/	
Dinner	Rice + Chicken + Beer	
Snack	/	
Breakfast	Tacos + Hams + Tea	
Thursday		
Breakfast	Tacos + Hams + Tea	
Lunch	Cereal + Milk	
Snack	/	
Dinner	Rice + Chicken + Beer	
Snack	/	
Breakfast	Tacos + Hams + Tea	
Friday		
Breakfast	Rice + Pork + Spinach	
Lunch	Gummiies	
Snack	/	
Dinner	Burger	
Snack	/	
Breakfast	Taco + Cheese + Ham	
Saturday		
Breakfast	Cereal + Milk	
Lunch	/	
Snack	/	
Dinner	Choclate + Tea	
Snack	Burger	
Breakfast	Choclate + Tea	
Sunday		
Breakfast	Taco + Cheese + Ham	
Lunch	Tacos	
Snack	/	
Dinner	Bread + Muesli + Beer	
Snack	/	

Sleep Diary: Morning

Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
-------	-------	-------	-------	-------	-------	-------

Day of the week:

Mon

Tues

Wed

Thurs

Fri

Sat

Sun

I went to bed at:

AM / PM

I woke up at:

AM / PM

Last night, I slept for ___ hours:

8

8

8

9

8

9

9

Last night, it took me about ___ minutes to fall asleep:

20

30

20

20

20

30

30

I felt that the quality of my sleep was:
e.g. very good, good, bad, very bad

Good

Good

Good

Good

Good

Good

Good

This morning, I feel:
e.g. refreshed, tired, groggy, alert

Good

Good

Good

Good

Good

Good

Good

My sleep was made more difficult by:
e.g. temperature, noise, dreams, thoughts, not feeling tired, discomfort

Not Tired

Not Tired

Not Tired

Not Tired

Not Tired

Not Tired

During the night, I woke up ___ times:

0

0

0

0

0

0

Sleep Diary: Night

Day 1

Day 2

Day 3

Day 4

Day 5

Day 6

Day 7

I took a nap:

yes / no

I had caffeine:

Tea

yes / no

of drinks

Morning

Morning

Morning

Morning

Morning

Morning

Morning

Afternoon

Afternoon

Afternoon

Afternoon

Afternoon

Afternoon

Evening

Evening

Evening

Evening

Evening

I exercised for ____ minutes:

60

Medications or drugs I used today:

60

Throughout the day, I felt drowsy:

Never

Never

Morning

Morning

Morning

Morning

Sometimes

Sometimes

Afternoon

Afternoon

Afternoon

Afternoon

Very Often

Very Often

Evening

Evening

Evening

Evening

Overall, my mood today was:
e.g. positive, negative, neutral

Positive

Positive

Positive

Positive

Positive

Positive

Positive

In the hour before bed, my activities included:
e.g. reading, computer, TV, showering, phone, eating, spending time with partner

TV

Phone

Phone

TV

Phone

TV

Phone



Number of horses ridden

Date: 1/5/23

MY Riding Diary

Name: *Lotte*

Email: k.lotte@massey.ac.nz

Palmerston North 4441

Massey University

School of Veterinary Science

UNIVERSITY OF NEW ZEALAND

TE KURANGA RI PIRIMUROA

UNIVERSITY



Tuesday	
Trackwork	7
Gallops	
Jumpsouts	
Trials	
Races	
Other eg. gym/run	
Wednesday	
Trackwork	5
Gallops	
Jumpsouts	
Trials	
Races	
Other eg. gym/run	
Thursday	
Trackwork	8
Gallops	
Jumpsouts	
Trials	
Races	
Other eg. gym/run	
Friday	
Trackwork	8
Gallops	
Jumpsouts	
Trials	
Races	
Other eg. gym/run	
Saturday	
Trackwork	5
Gallops	
Jumpsouts	
Trials	
Races	
Other eg. gym/run	
Sunday	
Trackwork	9
Gallops	
Jumpsouts	
Trials	
Races	
Other eg. gym/run	

Other eg. gym/run	9
Races	
Trials	
Jumpsouts	
Gallops	
Trackwork	
Other eg. gym/run	
Races	
Trials	
Jumpsouts	
Gallops	
Trackwork	
Other eg. gym/run	
Races	
Trials	
Jumpsouts	
Gallops	
Trackwork	
Other eg. gym/run	
Races	
Trials	
Jumpsouts	
Gallops	
Trackwork	
Other eg. gym/run	

Notes:		
--------	--	--

Saturday		
Breakfast	Snack	Dinner
coffee	yogurt	chicken salad

Sunday		
Breakfast	Snack	Dinner
coffee	yogurt	eggs, chicken salad

Monday		
Breakfast	Snack	Dinner
coffee	yogurt	sausage, coffee

Tuesday		
Breakfast	Snack	Dinner
coffee	yogurt	sausage, coffee

Wednesday		
Breakfast	Snack	Dinner
coffee	yogurt	carb gel

Thursday		
Breakfast	Snack	Dinner
coffee	yogurt	chicken salad

Friday		
Breakfast	Snack	Dinner
coffee	yogurt	eggs

Date:

My Food Diary

Sleep Diary: Morning

Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
-------	-------	-------	-------	-------	-------	-------

Day of the week:

Mon

Tues

Wed

Thurs

Fri

Sat

Sun

I went to bed at:

8:50 AM / PM

9:25 AM / PM

8 AM / PM

7:50 AM / PM

8:30 AM / PM

7:30 AM / PM

I woke up at:

4:50 AM / PM

5:20 AM / PM

5 AM / PM

5:00 AM / PM

4:45 AM / PM

6:30 AM / PM

6:00 AM / PM

7:00 AM / PM

Last night, I slept for ___ hours:

7:50

7:50

8:15

8:30

8:40

8:20

8:50

Last night, it took me about ___ minutes to fall asleep:

10

10

10

10

10

10

10

I felt that the quality of my sleep was:

e.g. very good, good, bad, very bad

g

vg

vg

g

g

vg

This morning, I feel:

e.g. refreshed, tired, groggy, alert

tired

tired

tired

tired

tired

refreshed

My sleep was made more difficult by:

e.g. temperature, noise, dreams, thoughts, not feeling tired, discomfort

During the night, I woke up ___ times:

4

>2

>2

>2

>2

>2

Sleep Diary: Night

Day 1 Day 2 Day 3 Day 4 Day 5 Day 6 Day 7

I took a nap:

yes / no

I had caffeine:

yes / no

3 # of drinks

0 # of drinks

Morning

Morning

Morning

Morning

Morning

Morning

Afternoon

Afternoon

Afternoon

Afternoon

Afternoon

Afternoon

Evening

Evening

Evening

Evening

Evening

Evening

I exercised for ____ minutes:

8

8

8

8

8

8

3

Medications or drugs I used today:

Throughout the day, I felt drowsy:

- Never
- Sometimes
- Very Often

Overall, my mood today was:
e.g. positive, negative, neutral

pos

pos

pos

pos

pos

pos

In the hour before bed, my activities included:
e.g. reading, computer, TV, showering, phone, eating, spending time with partner

Shower Shower Shower Shower Shower

Phone Phone Phone Phone Phone

TV TV TV TV TV

Phone Phone Phone Phone Phone

TV TV TV TV TV

Phone Phone Phone Phone Phone

MY Riding Diary

Name: Jessica
 Date: 01/05/23
 School of Veterinary Science
 Massey University
 Palmerston North 4441
 Email: k.liegg@massey.ac.nz

Number of horses ridden

Monday	
Trackwork	4
Gallops	
Jumpouts	
Trials	10
Races	
Other eg. gym/run	
Tuesday	
Trackwork	4
Gallops	
Jumpouts	
Trials	
Races	
Other eg. gym/run	
Wednesday	
Trackwork	4
Gallops	
Jumpouts	
Trials	
Races	
Other eg. gym/run	
Thursday	
Trackwork	4
Gallops	
Jumpouts	
Trials	
Races	
Other eg. gym/run	
Friday	
Trackwork	4
Gallops	
Jumpouts	
Trials	
Races	1
Other eg. gym/run	
Saturday	
Trackwork	4
Gallops	
Jumpouts	
Trials	
Races	
Other eg. gym/run	
Sunday	
Trackwork	4
Gallops	
Jumpouts	
Trials	
Races	
Other eg. gym/run	
Notes:	<u>work</u>

MY Food Diary

UNIVERSITY OF NEW ZEALAND



Date: 01/05/23

Name: *John*

Tuesday	
Breakfast	Cereal with Nutella
Lunch	Pita Pocket
Snack	coffee
Dinner	steak with veges
Snack	ice cream and biscuits
Breakfast	Cereal with Nutella
Wednesday	
Breakfast	Cereal with Nutella
Lunch	Pita Pocket
Snack	coffee
Dinner	steak and biscuits
Snack	ice cream and biscuits
Breakfast	Cereal with Nutella

Monday	
Breakfast	Cereal with Nutella
Lunch	Pita Pocket
Snack	coffee
Dinner	steak and biscuits
Snack	ice cream and biscuits
Tuesday	
Breakfast	Cereal with Nutella
Lunch	Pita Pocket
Snack	coffee
Dinner	steak with veges
Snack	ice cream and biscuits
Wednesday	
Breakfast	Cereal with Nutella
Lunch	Pita Pocket
Snack	coffee
Dinner	steak and biscuits
Snack	ice cream and biscuits
Thursday	
Breakfast	Coffee
Lunch	Pita Pocket
Snack	coffee
Dinner	steak with veges
Snack	ice cream and biscuits
Friday	
Breakfast	Coffee
Lunch	Pita Pocket
Snack	coffee
Dinner	steak and biscuits
Snack	ice cream and biscuits
Saturday	
Breakfast	Sugarfree cereal
Lunch	Nut w/p
Snack	Nut w/p
Dinner	Burgers
Snack	biscuit
Sunday	
Breakfast	Milk
Lunch	Wrap
Snack	Nut w/p
Dinner	McDonalds
Snack	

Sleep Diary: Morning

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Day of the week:	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
I went to bed at:	AM / <input checked="" type="radio"/> PM						
I woke up at:	AM / <input checked="" type="radio"/> PM						
Last night, I slept for ___ hours:	6	6	6	5	6	4	6
Last night, it took me about ___ minutes to fall asleep:	15	15	15	20	10	40	10
I felt that the quality of my sleep was: e.g. very good, good, bad, very bad	good	good	good	good	very good	bad	good
This morning, I feel: e.g. refreshed, tired, groggy, alert	refreshed	tired	tired	refreshed	refreshed	tired	refreshed
My sleep was made more difficult by: e.g. temperature, noise, dreams, thoughts, not feeling tired, discomfort	—	—	—	discomfort	—	thoughts	temp.
During the night, I woke up ___ times:	0	0	0	1	0	3	0

Sleep Diary: Night

Day 1 **Day 2** **Day 3** **Day 4** **Day 5** **Day 6** **Day 7**

I took a nap:

yes / no yes / no

I had caffeine:

| # of drinks |
|-------------|-------------|-------------|-------------|-------------|-------------|
| 1 | 1 | 2 | 1 | 1 | 2 |

<input checked="" type="checkbox"/> Morning	<input checked="" type="checkbox"/> Morning	<input checked="" type="checkbox"/> Morning	<input checked="" type="checkbox"/> Morning	<input checked="" type="checkbox"/> Morning	<input checked="" type="checkbox"/> Morning
<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input checked="" type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input checked="" type="checkbox"/> Afternoon
<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input checked="" type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input checked="" type="checkbox"/> Evening

I exercised for ____ minutes:

3 hr 3 hr 3 hr 3 hr 3 hr 3 hr

Medications or drugs I used today:

Panadol - panadol - panadol -

Throughout the day, I felt drowsy:

| <input type="checkbox"/> Never |
|---|---|---|---|---|---|
| <input checked="" type="checkbox"/> Sometimes |
| <input type="checkbox"/> Very Often |

Overall, my mood today was:
e.g. positive, negative, neutral

positive positive positive neutral neutral neutral neutral.

In the hour before bed, my activities included:
e.g. reading, computer, TV, showering, phone, eating, spending time with partner

Phone phone phone phone phone phone phone

Date: May 2023

Number of horses ridden

Name: GARETH LAHOUDE
Email: k.lahoud@massey.ac.nz
Palmerston North 4441

Masssey University
School of Veterinary Science

Tuesday

8

Trackwork

2

Gallops

7

Trackwork

8

Gallops

7

Trackwork

8

Gallops

7

Trackwork

9

Trackwork

1

Gallops

7

Jumpsouts

8

Trials

9

Races

8

Gym

Saturday

9

Trackwork

1

Gallops

7

Jumpsouts

8

Trials

9

Races

8

Gym

Notes:

Monday

9

Trackwork

4

Gallops

7

Trackwork

8

Gallops

7

Jumpsouts

8

Trials

9

Races

8

Gym

Wednesday

Thursday

7

Trackwork

8

Gallops

7

Jumpsouts

8

Trials

9

Races

8

Gym

Friday

Sunday

9

Trackwork

1

Gallops

7

Jumpsouts

8

Trials

9

Races

8

Gym

MY Food Diary

UNIVERSITY OF NEW ZEALAND



Date: May 2023

Monday	
Breakfast	BREAKFAST BAR
Snack	CEREAL
Lunch	CEREAL
Snack	KE-CREAM
Dinner	PIE
Snack	CRAIPS
Lunch	
Snack	
Dinner	PASTA BOWEL/D
Breakfast	BREAKFAST BAR
Snack	
Lunch	
Snack	
Dinner	
Breakfast	CEREAL
Snack	
Lunch	SANDWICH
Snack	
Dinner	PASTA
Snack	
Lunch	
Snack	
Dinner	
Breakfast	CEREAL
Snack	
Lunch	MILKSHAKE
Snack	
Dinner	SUSHI
Breakfast	TOAST
Snack	
Lunch	
Snack	
Dinner	PIZZA
Snack	
Sunday	

Sleep Diary: Morning

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Day of the week:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
I went to bed at:	10 AM / PM	10 AM / PM	10 AM / PM	10 AM / PM	10 AM / PM	10 AM / PM	10 AM / PM
I woke up at:	5:15 AM / PM	5:15 AM / PM	5:15 AM / PM	5:15 AM / PM	5:15 AM / PM	5:15 AM / PM	5:30 AM / PM
Last night, I slept for — hours:	6 HOURS 15 MINS	6 HOURS 15 MINS	6:10 mins	6:15 mins	6:10 mins	6:10 mins	6:10 mins
Last night, it took me about — minutes to fall asleep:	30 mins	25 mins	30 mins	30 mins	25 mins	20mins	20mins
I felt that the quality of my sleep was:	VERY GOOD	VERY GOOD	GOOD	GOOD	GOOD	GOOD	VERY GOOD
This morning, I feel:	REFRESHED	REFRESHED	REFRESHED	REFRESHED	REFRESHED	REFRESHED	REFRESHED
My sleep was made more difficult by:	NOT TIRED	NOT TIRED	NOT TIRED	NOT TIRED	NOT TIRED	NOT TIRED	NOT TIRED
During the night, I woke up — times:	1	0	0	0	0	0	0

Sleep Diary: Night

Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
-------	-------	-------	-------	-------	-------	-------

I took a nap:

yes / no yes / no

I had caffeine:

| # of drinks |
-------------	-------------	-------------	-------------	-------------	-------------

<input checked="" type="checkbox"/> Morning					
<input type="checkbox"/> Afternoon					
<input type="checkbox"/> Evening					

I exercised for ____ minutes:

1 HOUR 1 HOUR 1 HOUR 1 HOUR 1 HOUR 1 HOUR

Medications or drugs I used today:

Throughout the day, I felt drowsy:

<input checked="" type="checkbox"/> Never					
<input type="checkbox"/> Sometimes					
<input type="checkbox"/> Very Often					

Overall, my mood today was:
e.g. positive, negative, neutral

NEUTRAL POSITIVE NEUTRAL POSITIVE

In the hour before bed, my activities included:
e.g. reading, computer, TV, showering, phone, eating, spending time with partner

TV

TV

TV

TV

TV

TV

TV

My Riding Diary

Name: Lily Sutherland
 School of Veterinary Science
 Massey University
 Palmerston North 4441
 Email: k.legg@massey.ac.nz

Date: 1.05.2023

Number of horses ridden

Mondays

Trackwork	6
Gallops	
Jumpsouts	
Trials	
Races	
Other eg. gym/run	Apprentice school

Thursdays

Trackwork	7
Gallops	4
Jumpsouts	9
Trials	
Races	
Other eg. gym/run	Run + gym work

Saturdays

Trackwork	1
Gallops	4
Jumpsouts	
Trials	
Races	
Other eg. gym/run	Run + gym work

8

4

1

8

4

1

8

4

1

8

4

1

8

4

1

8

4

1

8

4

1

8

Notes:

Sunday

Trackwork	12
Gallops	4
Jumpsouts	
Trials	
Races	
Other eg. gym/run	Gym work

Friday

Trackwork	18
Gallops	4
Jumpsouts	
Trials	
Races	
Other eg. gym/run	Run + gym work

Wednesday

Trackwork	7
Gallops	4
Jumpsouts	
Trials	
Races	
Other eg. gym/run	Run + gym work

Friday

Trackwork	12
Gallops	4
Jumpsouts	
Trials	
Races	
Other eg. gym/run	Gym work

Sunday

Trackwork	18
Gallops	4
Jumpsouts	
Trials	
Races	
Other eg. gym/run	Run + gym work

Saturday

Trackwork	12
Gallops	4
Jumpsouts	
Trials	
Races	
Other eg. gym/run	Gym work

Sunday

MY Food Diary

Name: Lily Sulterland
 Date: 1.05.2023
 School of Veterinary Science
 Massey University Palmerston North 4441
 Email: lily.sulterland@massey.ac.nz



Notes:	
Breakfast	Cous Cous with egg whites
Lunch	Pear
Snack	
Dinner	Meat + egg whites
Snack	
Breakfast	Waffles
Lunch	Chick'n wrap
Snack	Crackers
Dinner	Chick'n
Snack	
Breakfast	Sushi
Lunch	Rice with veggies + meat
Snack	
Dinner	Rice with veggies + meat
Snack	
Breakfast	Flaked rice balls
Lunch	
Snack	
Dinner	
Snack	
Breakfast	yogurt
Lunch	Chicken wrap
Snack	
Dinner	pizza
Snack	
Breakfast	

Sunday	
Snack	
Dinner	pizza
Snack	
Lunch	Chicken wrap
Snack	
Dinner	
Snack	
Breakfast	Yogurt
Lunch	
Snack	
Dinner	
Snack	
Breakfast	

Sleep Diary: Morning

Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
-------	-------	-------	-------	-------	-------	-------

Day of the week:

Mon

Tues

Wed

Thurs

Fri

Sat

Sun

I went to bed at:

10 AM / PM

9 AM / PM

9 AM / PM

8:30 AM / PM

1 AM / PM

8 AM / PM

I woke up at:

5:15 AM / PM

5:45 AM / PM

Last night, I slept for ___ hours:

7.15

8.15

8.15

8.15

8.45

4.15

9.15

Last night, it took me about ___ minutes to fall asleep:

Not long every night

I felt that the quality of my sleep was:
e.g. very good, good, bad, very bad

Good

Good

Good

Good

Good

Good

Good

This morning, I feel:
e.g. refreshed, tired, groggy, alert

Fine every day

My sleep was made more difficult by:
e.g. temperature, noise, dreams, thoughts, not feeling tired, discomfort

Nothing

During the night, I woke up ___ times:

Normally once

Sleep Diary: Night

Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
-------	-------	-------	-------	-------	-------	-------

I took a nap:

yes / no yes / no

I had caffeine:

| # of drinks |
|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Morning |
| <input type="checkbox"/> Afternoon |
| <input type="checkbox"/> Evening |

I exercised for ____ minutes: Approx 30 min each day except the weekend

Medications or drugs I used today: None

Throughout the day, I felt drowsy:

<input checked="" type="checkbox"/> Never			
<input type="checkbox"/> Sometimes	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Sometimes
<input type="checkbox"/> Very Often			

Overall, my mood today was:
e.g. positive, negative, neutral Neutral

In the hour before bed, my activities included:

e.g. reading, computer, TV, showering, phone, eating, spending time with partner

Pretty much all of the above in different orders

Number of horses ridden

Date: 15/25

Name: *Lenny Palmerston North 441*
 Email: *kylegg@massey.ac.nz*
 Palmerston North 441
 Massey University
 School of Veterinary Science

My Riding Diary

Mondays

Trackwork	14
Jumpsouts	
Trials	
Races	
Other eg. gym/run	

Wednesday

Trackwork	
Jumpsouts	
Trials	
Races	6
Other eg. gym/run	

Thursday

Trackwork	
Jumpsouts	
Trials	
Races	
Other eg. gym/run	

Saturday

Trackwork	14
Jumpsouts	
Trials	
Races	
Other eg. gym/run	

Notes:

Other eg. gym/run	
Races	1
Trials	
Jumpsouts	
Gallops	
Trackwork	

Notes:

Saturday	
Breakfast	Snack
Snack	Lunch
Snack	Dinner
Breakfast	Snack
Snack	Lunch
Snack	Dinner
Breakfast	Snack

Sunday	
Breakfast	Snack
Snack	Lunch
Snack	Dinner
Breakfast	Snack
Snack	Lunch
Snack	Dinner
Breakfast	Snack

Date: _____

MY Food Diary

Sleep Diary: Morning

Day 1 Day 2 Day 3 Day 4 Day 5 Day 6 Day 7

Day of the week:

Mon

Tues

Wed

Thurs

Fri

Sat

Sun

I went to bed at:

10:00 AM / PM

I woke up at:

4:00 AM / PM

Last night, I slept for ___ hours:

6 Hours

Last night, it took me about ___ minutes to fall asleep:

10

I felt that the quality of my sleep was:
e.g. very good, good, bad, very bad

Good

This morning, I feel:
e.g. refreshed, tired, groggy, alert

Refreshed

My sleep was made more difficult by:
e.g. temperature, noise, dreams, thoughts, not feeling tired, discomfort

Temperature

During the night, I woke up ___ times:

5 Times

Sleep Diary: Night

Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
-------	-------	-------	-------	-------	-------	-------

I took a nap:

yes /

I had caffeine:

# of drinks	\ # of drinks
-------------	---------------

# of drinks	\ # of drinks
-------------	---------------

# of drinks	\ # of drinks
-------------	---------------

# of drinks	\ # of drinks
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# of drinks	\ # of drinks
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# of drinks	\ # of drinks
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# of drinks	\ # of drinks
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# of drinks	\ # of drinks
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# of drinks	\ # of drinks
-------------	---------------

# of drinks	\ # of drinks
-------------	---------------

# of drinks	\ # of drinks
-------------	---------------

I exercised for ____ minutes:

Medications or drugs I used today:

Throughout the day, I felt drowsy:

Never Never
 Sometimes Sometimes
 Very Often Very Often

Never Never
 Sometimes Sometimes
 Very Often Very Often

Morning Morning
 Afternoon Afternoon
 Evening Evening

Overall, my mood today was:
e.g. positive, negative, neutral

Positive

In the hour before bed, my activities included:
e.g. reading, computer, TV, showering, phone, eating, spending time with partner

TU

Number of horses ridden

Date: 15/23

My Riding Diary

Name: Terryia Taitarica
 Email: k.legg@massey.ac.nz

Palmerston North 4441

Masssey University

School of Veterinary Science

YEAH

Saturday

4

Notes:

Friday

6

Sunday

7

Thursday

6

Wednesday

4

Tuesday

7

Monday

4

Sunday

7

Other eg. gym/run

Races

Trials

Jumpouts

Gallops

Trackwork

Date: _____
Name: _____

MY Food Diary

UNIVERSITY OF NEW ZEALAND



Snack Kitchen waffles

Dinner Roast chicken roast veges

Snack

Lunch Hot chocolate eggs bacon

Snack

Breakfast

Sunday

Snack

Dinner KFC

Snack

Lunch Tuna

Snack

Breakfast cup tea

Friday

Snack

Dinner

Snack

Lunch

Snack

Breakfast cup tea

Wednesday

Snack

Dinner

Snack

Lunch

Snack

Breakfast cup tea

Tuesday

Snack

Dinner

Snack

Lunch

Snack

Breakfast

Saturday

Notes: Mars bars follows

Snack apple danish

Lunch noodles

Snack

Breakfast cup tea

Saturday

Snack cup of tea

Dinner spaghetti bolognese

Snack

Lunch coffee

Snack

Breakfast cup tea

Friday

Snack cup of tea

Dinner chicken bites

Snack

Lunch

Snack

Breakfast cup tea

Wednesday

Snack

Dinner

Snack

Lunch

Snack

Breakfast cup tea

Tuesday

Snack cup tea

Dinner

Snack

Monday

Sleep Diary: Morning

Day 1 **Day 2** **Day 3** **Day 4** **Day 5** **Day 6** **Day 7**

Day of the week:

Mon Tues Wed Thurs Fri Sat Sun

I went to bed at:

AM / PM AM / PM

I woke up at:

AM / PM AM / PM

Last night, I slept for ___ hours:

6 6 7 8 7 3 8

Last night, it took me about ___ minutes to fall asleep:

10 min 15 min 10 min 5 min 10 min Aches 20 min

I felt that the quality of my sleep was:
e.g. very good, good, bad, very bad

good good good good good bad good

This morning, I feel:
e.g. refreshed, tired, groggy, alert

tired tired tired tired tired sick tired

My sleep was made more difficult by:
e.g. temperature, noise, dreams, thoughts, not feeling tired, discomfort

noise

temp temp temp temp noise temp

During the night, I woke up ___ times:

1 1 1 1 7 0

Sleep Diary: Night

Day 1

Day 2

Day 3

Day 4

Day 5

Day 6

Day 7

I took a nap:

yes / no

I had caffeine:

# of drinks	# of drinks
<input type="checkbox"/>	<input type="checkbox"/>

# of drinks	# of drinks
<input type="checkbox"/>	<input type="checkbox"/>

# of drinks	# of drinks
<input type="checkbox"/>	<input type="checkbox"/>

# of drinks	# of drinks
<input type="checkbox"/>	<input type="checkbox"/>

# of drinks	# of drinks
<input type="checkbox"/>	<input type="checkbox"/>

# of drinks	# of drinks
<input type="checkbox"/>	<input type="checkbox"/>

# of drinks	# of drinks
<input type="checkbox"/>	<input type="checkbox"/>

I exercised for ____ minutes:

6 hrs

6 hrs

7 hrs

6 hrs

6 hrs

3 hrs

-

Medications or drugs I used today:

Panadol

Panadol

Throughout the day, I felt drowsy:

Never
 Sometimes
 Very Often

Overall, my mood today was:
e.g. positive, negative, neutral

Neutral

Neutral

Neutral

Neutral

Neutral

Neutral

negative

positive

In the hour before bed, my activities included:
e.g. reading, computer, TV, showering, phone, eating, spending time with partner

11-

" "

" "

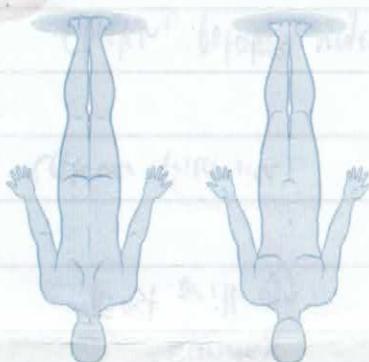
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Fitness focus:



Circle areas affected in falls:

Monday	Tuesday	Wednesday	Thursday	Friday
Trackwork	Trackwork	Trackwork	Trackwork	Trackwork
Gallops	Gallops	Gallops	Gallops	Gallops
Jumpsouts	Jumpsouts	Jumpsouts	Jumpsouts	Jumpsouts
Trials	Trials	Trials	Trials	Trials
Races	Races	Races	Races	Races
Other eg. gym/run				
Falls	Falls	Falls	Falls	Falls
8	1	2	6	3
Horses ridden				
6	8	2	6	1
Falls	Falls	Falls	Falls	Falls
1	2	6	2	7
Other eg. gym/run				
jumps!	jumps!	jumps!	jumps!	jumps!

My Riding Diary

Date: 5/6/23

Name: Lily

UNIVERSITY OF NEW ZEALAND



Notes:	

Saturday	
Breakfast	Yoghurt
Snack	
Lunch	Chowder
Dinner	
Snack	Waffles + Salad

Wednesday	
Breakfast	Muesli Bar
Snack	Salad
Lunch	Chowder
Dinner	Chicken Wrap
Snack	

Tuesday	
Breakfast	Toast with peanut butter
Snack	
Lunch	Hamburgers sandwich
Dinner	Tacos with chips
Snack	A couple of slices
Breakfast	Steak, roast veg, salad

Sunday	
Breakfast	Toast with egg
Snack	Coffee + tea
Lunch	
Dinner	Chicken, flatbreads, vegies, apple juice
Snack	

Friday	
Breakfast	Banana
Snack	
Lunch	
Dinner	
Snack	

Wednesday	
Breakfast	Banana
Snack	
Lunch	
Dinner	
Snack	

Monday	
Breakfast	Toast with peanut butter
Snack	Hamburgers sandwich
Lunch	
Dinner	Tacos with chips
Snack	A couple of slices
Breakfast	Steak, roast veg, salad

My Food Diary

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TE KŪNENGĀ RŪPHERUROA



Date: 5/6/23
Name: Liy



MASSEY
UNIVERSITY
TE KUNENGĀ KI PŪREHURUA

UNIVERSITY OF NEW ZEALAND

Sleep Diary: Morning

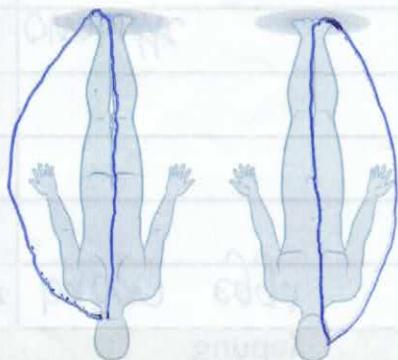
Name: Lily
Date: 5/6/23

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Last night, I went to bed at:						
<u>9.30</u>	<u>8.30</u>	<u>AM/PM</u>	<u>8</u>	<u>AM/PM</u>	<u>8</u>	<u>AM/PM</u>
This morning, I woke up at:						
<u>6.30</u>	<u>6</u>	<u>AM/PM</u>	<u>5</u>	<u>AM/PM</u>	<u>5</u>	<u>AM/PM</u>
Last night, I slept for:						
<u>9</u>	<u>8.5</u>	<u>hrs</u>	<u>9</u>	<u>hrs</u>	<u>9</u>	<u>hrs</u>
Last night, it took me about <u>5</u> mins to fall asleep: <u>not long</u>						
mins	mins	mins	mins	mins	mins	mins
I felt the quality of my sleep was:						
Eg. Very good (VG), Good (G), Average (A), Bad, (B), Very Bad (VB)						
VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB
My sleep was made more difficult by:						
Eg. Temperature, noise, dreams, thoughts, not feeling tired, discomfort						
During the night, I woke up <u>0</u> times:						
times	times	times	times	times	times	times

Sleep Diary: Night

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
I took a nap:	Yes / <input checked="" type="radio"/> No						
I had caffeine:							
# of drinks	# of drinks	# of drinks	# of drinks	# of drinks	# of drinks	# of drinks	# of drinks
Morning	Morning	Morning	Morning	Morning	Morning	Morning	Morning
Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon
Evening	Evening	Evening	Evening	Evening	Evening	Evening	Evening
Today I exercised for _____ minutes:							
Mins/hrs	1 Mins/hrs	20 Mins/hrs	Mins/hrs	20 Mins/hrs	Mins/hrs	Mins/hrs	Mins/hrs
Medications or drugs I used today:							
Throughout the day, I felt drowsy:							
Never	Never	Never	Never	Never	Never	Never	Never
Sometimes	Sometimes	Sometimes	Sometimes	Sometimes	Sometimes	Sometimes	Sometimes
Very often	Very often	Very often	Very often	Very often	Very often	Very often	Very often
Overall, my mood today was: Eg. Positive (Pos), Negative (Neg), Neutral (Neu)							
Pos / Neg / Neu	Pos / Neg / <input checked="" type="radio"/> Neu	Pos / Neg / <input checked="" type="radio"/> Neu	Pos / Neg / <input checked="" type="radio"/> Neu	Pos / Neg / <input checked="" type="radio"/> Neu	Pos / Neg / <input checked="" type="radio"/> Neu	Pos / Neg / <input checked="" type="radio"/> Neu	Pos / Neg / <input checked="" type="radio"/> Neu
In the hour before bed, my activities included: Eg. Reading, computer, TV, showering, phone, eating, spending time with partner	Phone						

Fitness focus:



Circle areas affected in falls:

My Riding Diary			
Monday	Tuesday	Wednesday	Thursday
Fall	Horses ridden	Horses ridden	Falls
10	1	10	1
Gallops	Trackwork	Trackwork	Gallops
Jumpsouts			Jumpsouts
Trials			Trials
Races			Races
Other eg. gym/run			Other eg. gym/run
Friday	Saturday	Sunday	Falls
10	1	1	1
Gallops	Trackwork	Trackwork	Gallops
Jumpsouts			Jumpsouts
Trials			Trials
Races			Races
Other eg. gym/run			Other eg. gym/run
Sunday	Horses ridden	Falls	Falls
1	6	7	1
Gallops	Jumpsouts	Trials	Gallops
Jumpsouts			Jumpsouts
Trials			Trials
Races			Races
Other eg. gym/run			Other eg. gym/run

Date:

Name: Lenny

UNIVERSITY OF NEW ZEALAND

TE KŪNENGĀ KI POKERHŪRĀ





Monday

My Food Diary

Date:

Name:

UNIVERSITY OF NEW ZEALAND

TE KŪNENGA RI POKERHURUA



Dacon eggs

steak

Pizzza

Snack

Dinner

Snack

Lunch

Snack

Breakfast

Snack

Lunch

Snack

Breakfast

Snack

Dinner

Snack

Tuesday

Dacon eggs

steak

Pizzza

Snack

Dinner

Snack

Lunch

Snack

Breakfast

Snack

Lunch

Snack

Breakfast

Snack

Dinner

Snack

Wednesday

Wednesday

Saturday

Breakfast

Snack

Lunch

Snack

Dinner

Snack

Dinner

Snack

Lunch

Snack

Breakfast

Snack

Dinner

Snack

Lunch

Snack

Breakfast

Snack

Dinner

Snack

Breakfast

Snack

Dinner

Snack

Breakfast

Snack

Dinner

Snack

Notes:

Sunday

Dacon eggs

Dumplings

Snack

Dinner

Lunch

Snack

Breakfast

Snack

Dinner

Snack



Name: _____
Date: _____

Sleep Diary: Morning

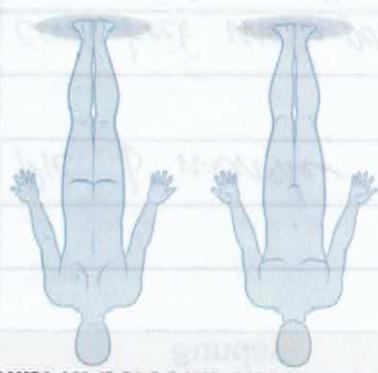
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Last night, I went to bed at:						
10 AM/PM	10 AM/PM	10 AM/PM	10 AM/PM	10 AM/PM	10 AM/PM	10 AM/PM
This morning, I woke up at:						
3 AM/PM	3 AM/PM	3 AM/PM	3 AM/PM	3 AM/PM	3 AM/PM	3 AM/PM
Last night, I slept for:						
5 1/2 hrs	5 1/2 hrs	5 1/2 hrs	5 1/2 hrs	5 1/2 hrs	5 1/2 hrs	5 1/2 hrs
Last night, it took me about ____ mins to fall asleep:						
60 mins	60 mins	60 mins	60 mins	60 mins	60 mins	60 mins
I felt the quality of my sleep was:						
Very good (VG), Good (G), Average (A), Bad, (B), Very Bad (VB)	VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB
My sleep was made more difficult by:						
Eg. Temperature, noise, dreams, thoughts, not feeling tired, discomfort						
<u>In the above</u>						
During the night, I woke up ____ times:						
3 times	2 times	4 times	3 times	3 times	4 times	2 times

Name: _____
Date: _____

Sleep Diary: Night

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
I took a nap: <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	I took a nap: <input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	I took a nap: <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	I took a nap: <input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	I took a nap: <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	I took a nap: <input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	I took a nap: <input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No
I had caffeine: <input checked="" type="checkbox"/> # of drinks	I had caffeine: <input type="checkbox"/> # of drinks	I had caffeine: <input type="checkbox"/> # of drinks	I had caffeine: <input type="checkbox"/> # of drinks	I had caffeine: <input type="checkbox"/> # of drinks	I had caffeine: <input type="checkbox"/> # of drinks	I had caffeine: <input type="checkbox"/> # of drinks
Morning						
Afternoon						
Evening						
Today I exercised for _____ minutes:						
5 Mins/hrs	6 Mins/hrs	6 Mins/hrs	12 Mins/hrs	6 Mins/hrs	6 Mins/hrs	0 Mins/hrs
Medications or drugs I used today:						
Throughout the day, I felt drowsy:						
Never						
Sometimes						
Very often						
Overall, my mood today was:						
Eg. Positive (Pos), Negative (Neg), Neutral (Neu)						
<input checked="" type="radio"/> Pos / Neg / Neu	<input type="radio"/> Pos / Neg / Neu	<input type="radio"/> Pos / Neg / Neu	<input checked="" type="radio"/> Pos / Neg / Neu	<input type="radio"/> Pos / Neg / Neu	<input type="radio"/> Pos / Neg / Neu	<input checked="" type="radio"/> Pos / Neg / Neu
In the hour before bed, my activities included:						
Eg. Reading, computer, TV, showering, phone, eating, spending time with partner						
TV						

Fitness focus:



Circle areas affected in falls:

Mondays	Tuesdays	Wednesdays	Thursdays	Fridays	Saturdays	Sundays
Horses ridden	Falls	Horses ridden	Falls	Horses ridden	Falls	Horses ridden
7	5	6	1	5	7	7
Gallops	Trackwork	Trackwork	Gallops	Jumpsouts	Trials	Races
Jumpsouts	Jumpsouts	Jumpsouts	Gallops	Trials	Trials	Races
Trials						
Races						
Other eg. gym/run						

My Riding Diary

Name: Terryia Taiwae Date: 5th June

UNIVERSITY OF NEW ZEALAND

TE KŪNEENGĀKI PŪREHEURUA





Notes:	
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Saturday	
Breakfast	Cup tea
Snack	Mecaf on chips
Lunch	Pie & Monsta
Snack	Snack
Dinner	
Snack	

Wednesday	
Breakfast	Cup tea
Snack	Cafee cawee latte
Lunch	Egg sandwich
Snack	
Dinner	
Snack	

Tuesday	
Breakfast	Cup tea
Snack	eggs / tocumla on toast
Lunch	Hot chips & driviks
Snack	
Dinner	
Snack	

Sunday	
Breakfast	
Snack	Pie & Monsta
Lunch	
Snack	
Dinner	Corn beef Welsh Poffertjes / veges
Snack	Chocolate, vanilla latte

Friday	
Breakfast	Cup tea
Snack	Sandwich
Lunch	
Snack	
Dinner	KFC
Snack	

Wednesday	
Breakfast	Cup tea
Snack	Egg sandwich
Lunch	
Snack	
Dinner	Hot dogs
Snack	

Monday	
Breakfast	Chocolate
Snack	
Lunch	Hot chips & driviks
Snack	
Dinner	Chicken pie homemade
Snack	

My Food Diary

Date:

Name:

UNIVERSITY OF NEW ZEALAND

TE KŪNGENGA RI PIRĒHURUA

THE UNIVERSITY OF NEW ZEALAND



UNIVERSITY OF NEW ZEALAND
TE KŪNGENGA RI PIRĒHURUA
THE UNIVERSITY OF NEW ZEALAND



Sleep Diary: Morning

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM
Last night, I went to bed at:						
This morning, I woke up at:						
Last night, I slept for:						
5 hrs	6 hrs	6 hrs	9 hrs	6 hrs	5 hrs	7 hrs
Last night, it took me about ____ mins to fall asleep:						
30 mins	20 mins	15 mins	10 mins	10 mins	10 mins	10 mins
I felt the quality of my sleep was:						
Eg. Very good (VG), Good (G), Average (A), Bad, (B), Very Bad (VB)	VG / G					
VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB
My sleep was made more difficult by:						
Eg. Temperature, noise, dreams, thoughts, not feeling tired, discomfort	discomfort	not feeling tired				
During the night, I woke up ____ times:	6 times	1 times	1 times	3 times	1 times	5 times
						1 times

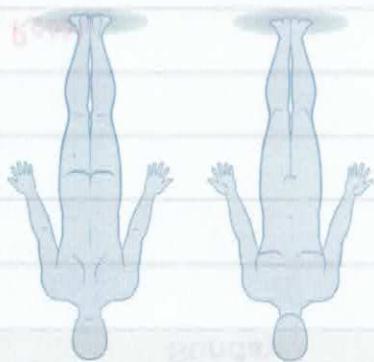


Name: _____
Date: _____

Sleep Diary: Night

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
I took a nap:	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No
I had caffeine:	<input type="checkbox"/> # of drinks	<input checked="" type="checkbox"/> # of drinks	<input checked="" type="checkbox"/> # of drinks	<input type="checkbox"/> # of drinks	<input type="checkbox"/> # of drinks	<input type="checkbox"/> # of drinks	<input type="checkbox"/> # of drinks
Morning	<input type="checkbox"/> Morning	<input checked="" type="checkbox"/> Afternoon	<input type="checkbox"/> Morning				
Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening	<input type="checkbox"/> Afternoon				
Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening
Today I exercised for _____ minutes:	<input checked="" type="radio"/> Mins/hr	<input type="radio"/> Mins/hr	<input type="radio"/> Mins/hr	<input type="radio"/> Mins/hr	<input type="radio"/> Mins/hr	<input type="radio"/> Mins/hr	<input type="radio"/> Mins/hr
Medications or drugs I used today:	<input type="text"/> 2 panadol						
Throughout the day, I felt drowsy:	<input type="checkbox"/> Never	<input checked="" type="checkbox"/> Never	<input type="checkbox"/> Never	<input type="checkbox"/> Never	<input type="checkbox"/> Never	<input type="checkbox"/> Never	<input type="checkbox"/> Never
Never	<input type="checkbox"/> Sometimes	<input checked="" type="checkbox"/> Sometimes	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Sometimes
Sometimes	<input type="checkbox"/> Very often	<input type="checkbox"/> Very often	<input type="checkbox"/> Very often	<input type="checkbox"/> Very often	<input type="checkbox"/> Very often	<input type="checkbox"/> Very often	<input type="checkbox"/> Very often
Very often	<input type="text"/> Overall, my mood today was: Eg. Positive (Pos), Negative (Neg), Neutral (Neu)						
Pos / Neg / Neu	<input checked="" type="radio"/> Pos / Neg / Neu	<input type="radio"/> Pos / Neg / Neu	<input type="radio"/> Pos / Neg / Neu	<input type="radio"/> Pos / Neg / Neu	<input type="radio"/> Pos / Neg / Neu	<input type="radio"/> Pos / Neg / Neu	<input type="radio"/> Pos / Neg / Neu
In the hour before bed, my activities included:	<input type="text"/> Eg. Reading, computer, TV, showering, phone, eating, spending time with partner						
Spending time with partner / my phone	<input type="text"/> TV, phone, show	<input type="text"/> TV, phone	<input type="text"/> TV, phone	<input type="text"/> TV	<input type="text"/> TV	<input type="text"/> TV	<input type="text"/> TV

Fitness focus:



Circle areas affected in falls:

My Riding Diary			
Monday	Tuesday	Wednesday	Thursday
Horses ridden	Falls	Horses ridden	Falls
7	7	7	7
Trackwork	Trackwork	Trackwork	Trackwork
Gallops	Gallops	Gallops	Gallops
Jumpsouts	Jumpsouts	Jumpsouts	Jumpsouts
Trials	Trials	Trials	Trials
Races	Races	Races	Races
Other eg. gym/run	Other eg. gym/run	Other eg. gym/run	Other eg. gym/run
Friday	Saturday	Horses ridden	Falls
8	7	7	7
Trackwork	Trackwork	Trackwork	Trackwork
Gallops	Gallops	Gallops	Gallops
Jumpsouts	Jumpsouts	Jumpsouts	Jumpsouts
Trials	Trials	Trials	Trials
Races	Races	Races	Races
Other eg. gym/run	Other eg. gym/run	Other eg. gym/run	Other eg. gym/run
Sunday	Horses ridden	Falls	Falls
6	7	7	7
Trackwork	Trackwork	Trackwork	Trackwork
Gallops	Gallops	Gallops	Gallops
Jumpsouts	Jumpsouts	Jumpsouts	Jumpsouts
Trials	Trials	Trials	Trials
Races	Races	Races	Races
Other eg. gym/run	Other eg. gym/run	Other eg. gym/run	Other eg. gym/run
Circle areas affected in falls:			



Notes:	
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Snack	
Dinner	Roast
Snack	
Lunch	
Snack	
Breakfast	
Sunday	

Snack	
Dinner	Pie
Snack	
Lunch	
Snack	
Breakfast	
Saturday	

Snack	
Dinner	Bowl
Snack	
Lunch	
Snack	
Breakfast	
Friday	

Snack	
Dinner	Soeter Delt salad
Snack	
Lunch	
Snack	
Breakfast	Cereal
Thursday	

Snack	
Dinner	soup
Snack	
Lunch	
Snack	
Breakfast	Cereal
Wednesday	

Snack	
Dinner	rice and stir fry
Snack	
Lunch	
Snack	
Breakfast	Coffee
Tuesday	

Snack	
Dinner	Noodles
Snack	
Lunch	
Snack	
Breakfast	Cereal
Mondays	

My Food Diary

Date:

Name:

UNIVERSITY OF NEW ZEALAND

TE KŪNEANGA RI PĒREHURAO

THE UNIVERSITY OF NEW ZEALAND

MASSEY UNIVERSITY





Sleep Diary: Morning

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Last night, I went to bed at:						
8:30 AM/PM	9 AM/PM	8:35 AM/PM	9:30 AM/PM	9:45 AM/PM	10 AM/PM	9:15 AM/PM
This morning, I woke up at:						
6 AM/PM	5 AM/PM	5 AM/PM	5 AM/PM	5 AM/PM	5 AM/PM	6:10 AM/PM
Last night, I slept for:						
7 hrs	8 hrs	7 hrs	7 hrs	8 hrs	7 hrs	8 hrs
Last night, it took me about ____ mins to fall asleep:						
30 mins	15 mins	30 mins	25 mins	20 mins	30 mins	25 mins
I felt the quality of my sleep was:						
Eg. Very good (VG), Good (G), Average (A), Bad, (B), Very Bad (VB)	VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB
My sleep was made more difficult by:						
Eg. Temperature, noise, dreams, thoughts, not feeling tired, discomfort	Temperature	Noise	Temperature	Noise	Temperature	Noise
During the night, I woke up ____ times:						
0 times	0 times	1 times	0 times	1 times	0 times	0 times



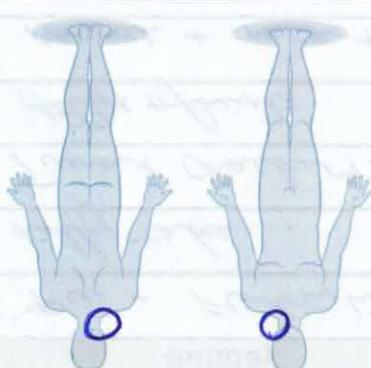
Name: _____

Date: _____

Sleep Diary: Night

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
I took a nap: Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
I had caffeine:						
# of drinks	# of drinks	# of drinks	# of drinks	# of drinks	# of drinks	# of drinks
Morning	Morning	Morning	Morning	Morning	Morning	Morning
Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon
Evening	Evening	Evening	Evening	Evening	Evening	Evening
Today I exercised for _____ minutes:						
1 Mins/hrs	1 Mins/hrs	30 Mins/hrs	30 Mins/hrs	30 Mins/hrs	30 Mins/hrs	1 Mins/hrs
Medications or drugs I used today:						
Throughout the day, I felt drowsy:						
Never	Never	Never	Never	Never	Never	Never
Sometimes	Sometimes	Sometimes	Sometimes	Sometimes	Sometimes	Sometimes
Very often	Very often	Very often	Very often	Very often	Very often	Very often
Overall, my mood today was: Eg. Positive (Pos), Negative (Neg), Neutral (Neu)						
Pos / Neg / Neu	Pos / Neg / Neu	Pos / Neg / Neu	Pos / Neg / Neu	Pos / Neg / Neu	Pos / Neg / Neu	Pos / Neg / Neu
In the hour before bed, my activities included: Eg. Reading, computer, TV, showering, phone, eating, spending time with partner						
TV	TV	PHONE	TV	TV	PHONE	TV

Fitness focus: Lower leg strength → Help with some exercises in the park few weeks.



Circle areas affected in falls:

Monday	Horses ridden	Falls	Tuesday	Horses ridden	Falls	Wednesday	Horses ridden	Falls	Thursday	Horses ridden	Falls	Friday	Horses ridden	Falls	Saturday	Horses ridden	Falls	Sunday	Horses ridden	Falls	Other eg. gym/run
Trackwork	/	6	Trackwork	/	2	Gallops	/	5	Trackwork	/	3	Gallops	/	4	Jumpsouts	/	9	Trials	/	4	Races
Jumpsouts		6	Gallops		1	Trials		1	Jumpsouts		1	Gallops		1	Jumpsouts		1	Trials		1	Races
Trials		2	Trials		1	Jumpsouts		1	Trials		1	Trials		1	Jumpsouts		1	Trials		1	Other eg. gym/run
Races		1	Races		1	Gallops		1	Races		1	Gallops		1	Jumpsouts		1	Races		1	Other eg. gym/run
Other eg. gym/run		1	Gallops		1	Trials		1	Jumpsouts		1	Jumpsouts		1	Trials		1	Races		1	Other eg. gym/run
		1	Trials		1	Trials		1	Races		1	Races		1	Trials		1	Races		1	

My Riding Diary

UNIVERSITY OF NEW ZEALAND

TE KŪNENGA KI PIREREHUROA



Date: 05/06/23

Name: Tom

Notes:	
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Sunday	
Snack	music + nice + video
Dinner	polly + fruit
Lunch	Tuna + carrots
Snack	chilly coke
Breakfast	Pi + Flotwulf

Saturday	
Snack	BBQ ribs + chips
Snack	Chocolate + muesli bar
Lunch	sauerkraut.
Snack	coffee gelato
Breakfast	Flotwulf

Friday	
Snack	Chips + chicken wings
Lunch	Chips + chicken wings
Snack	chips + chocolate
Breakfast	Flotwulf

Thursday	
Snack	chocolate
Dinner	meat + rice
Snack	Fruit + salmon + rice.
Lunch	iced coffee + energy drink
Breakfast	bacon + beans with porridge

Wednesday	
Snack	chocolate
Lunch	soup
Snack	chocolate
Dinner	lunch + rice.
Snack	chocolate + rice.
Breakfast	bacon + beans with porridge

Tuesday	
Snack	sauerkraut
Lunch	bacon + beans with porridge
Snack	bacon + beans
Dinner	bacon + beans + rice
Snack	butter chicken + rice
Breakfast	bacon + beans with porridge

Monday	
Snack	bacon + beans with porridge
Lunch	bacon + beans with porridge
Snack	bacon + beans with porridge
Dinner	bacon + beans + rice
Snack	bacon + beans with porridge
Breakfast	bacon + beans with porridge

My Food Diary

Date: 05/06/23

Name: Lou

UNIVERSITY OF NEW ZEALAND

TE KŪNENGĀ XI PIRHEURORA





MASSEY
UNIVERSITY
TE KUNINGA KI PUKEHUA

UNIVERSITY OF NEW ZEALAND

Sleep Diary: Morning

Name: Toni
Date: 05/06/23

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Last night, I went to bed at:						
8:30 AM/PM	9:00 AM/PM	8:30 AM/PM	9:00 AM/PM	8:30 AM/PM	11:45 AM/PM	9:00 AM/PM
This morning, I woke up at:						
4:15 AM/PM	4:15 AM/PM	4:15 AM/PM	4:15 AM/PM	6:45 AM/PM	4:15 AM/PM	6:45 AM/PM
Last night, I slept for:						
7 hours 45 mins	7 hours 15 mins	7 hours 45 mins	7 hours 15 mins	7 hours 15 hrs	7 hours hrs	7 hours 45 hrs
Last night, it took me about _____ mins to fall asleep:						
10 mins	10 mins	10 mins	10 mins	5 mins	5 mins	5 mins
I felt the quality of my sleep was:						
Eg. Very good (VG), Good (G), Average (A), Bad, (B), Very Bad (VB)	VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB
My sleep was made more difficult by:						
Eg. Temperature, noise, dreams, thoughts, not feeling tired, discomfort	—	Thoughts	—	—	—	—
During the night, I woke up _____ times:						
/ times	/ times	/ times	/ times	/ times	0 times	/ times

Name: Toni
Date: 05/06/23

Sleep Diary: Night

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
I took a nap:						
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
I had caffeine:						
# of drinks	# of drinks	# of drinks	# of drinks	# of drinks	# of drinks	# of drinks
/ Morning	/ Morning	Morning	/ Morning	/ Morning	/ Morning	/ Morning
Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon
Evening	Evening	Evening	Evening	Evening	Evening	Evening
Today I exercised for _____ minutes:						
20 Mins/hrs	3 Mins/hrs	45 Mins/hrs	1:45 Mins/hrs	1:30 Mins/hrs	3:35 Mins/hrs	2 Mins/hrs
Medications or drugs I used today:						
—	—	—	Isopropen	Isopropen	Isopropen	Isopropen
Throughout the day, I felt drowsy:						
Never <input checked="" type="checkbox"/>	Never <input checked="" type="checkbox"/>	Never <input checked="" type="checkbox"/>	Never <input checked="" type="checkbox"/>	Never <input checked="" type="checkbox"/>	Never <input checked="" type="checkbox"/>	Never <input checked="" type="checkbox"/>
Sometimes <input type="checkbox"/>	Sometimes <input type="checkbox"/>	Sometimes <input type="checkbox"/>	Sometimes <input type="checkbox"/>	Sometimes <input type="checkbox"/>	Sometimes <input type="checkbox"/>	Sometimes <input type="checkbox"/>
Very often <input type="checkbox"/>	Very often <input type="checkbox"/>	Very often <input type="checkbox"/>	Very often <input type="checkbox"/>	Very often <input type="checkbox"/>	Very often <input type="checkbox"/>	Very often <input type="checkbox"/>
Overall, my mood today was:						
Eg. Positive (Pos), Negative (Neg), Neutral (Neu)						
(Pos) / Neg / Neu	(Pos) / Neg / Neu	(Pos) / Neg / Neu	(Pos) / Neg / Neu	(Pos) / Neg / Neu	(Pos) / Neg / Neu	(Pos) / Neg / Neu
In the hour before bed, my activities included:						
Eg. Reading, computer, TV, showering, phone, eating, spending time with partner						
Phone	phone	phone	phone	phone	phone	phone

Date: _____

Number of horses ridden

Name: *Barbara*
Email: k.l.egg@massey.ac.nz
Palmerston North 4441
Massey University
School of Veterinary Science

MY RIDING DIARY



Tuesday	
Trackwork	7
Gallops	14
Jumpsouts	
Trials	
Races	
Other eg. gym/run	Run 5km, gym

Wednesday	
Trackwork	5
Gallops	
Jumpsouts	
Trials	
Races	
Other eg. gym/run	Run 10km, gym

Thursday	
Trackwork	7
Gallops	
Jumpsouts	
Trials	
Races	
Other eg. gym/run	Run 5km, gym

Friday	
Trackwork	12
Gallops	
Jumpsouts	
Trials	
Races	
Other eg. gym/run	gym, run 3km

Saturday	
Trackwork	5
Gallops	
Jumpsouts	
Trials	
Races	
Other eg. gym/run	gym

Sunday	
Trackwork	12
Gallops	
Jumpsouts	
Trials	
Races	
Other eg. gym/run	gym, run 3km

Other eg. gym/run	run 2km
Races	
Trials	
Jumpsouts	
Gallops	
Trackwork	12
Other eg. gym/run	gym, run 3km
Races	
Trials	
Jumpsouts	
Gallops	
Trackwork	5
Other eg. gym/run	gym

Notes:	
Saturday	Pretzel bar
Breakfast	Coffee
Lunch	Salad, eggs, ham
Snack	3 eggs
Dinner	Biscuit, eggs, children
Snack	Coffee
Breakfast	Pretzel bar
Thursdays	Pretzel bar
Breakfast	Coffee
Lunch	Omelette, cheese, ham
Snack	Coffee
Dinner	Biscuit, eggs, children
Snack	Coffee
Breakfast	Pretzel bar
Mondays	Pretzel bar
Breakfast	Coffee
Lunch	Kittlize
Snack	✓
Dinner	fresh rice paper rolls
Snack	✓
Breakfast	Pretzel bar
Tuesdays	Pretzel bar
Breakfast	Coffee
Lunch	Omelette, cheese, ham
Snack	Coffee
Dinner	Biscuit, eggs, children
Snack	Coffee
Breakfast	Pretzel bar
Wednesdays	Pretzel bar
Breakfast	Coffee
Lunch	Salad wrap
Snack	✓
Dinner	Pretzel shake, kifflat
Snack	✓
Breakfast	Pretzel bar
Fridays	Pretzel bar
Breakfast	Coffee
Lunch	Biscuit eggs ham
Snack	✓
Dinner	Green beans
Snack	✓
Breakfast	Pretzel bar
Saturdays	Pretzel bar
Breakfast	Coffee
Lunch	(Very) nausaeous
Snack	This day I don't know why)
Dinner	Very nice fast food
Snack	✓

Sunday	
Breakfast	Pretzel shake
Lunch	One piece fast food
Snack	✓
Dinner	Pretzel shake
Snack	✓
Breakfast	Pretzel bar
Lunch	Coffee
Snack	Breakfast eggs ham
Dinner	Green beans
Snack	✓
Breakfast	Pretzel bar
Lunch	Coffee
Snack	Breakfast eggs ham
Dinner	Green beans
Snack	✓

Date: _____

MY Food Diary

UNIVERSITY OF NEW ZEALAND

TE KURANGA NI PĀRHEWA

MASSY UNIVERSITY



Sleep Diary: Morning

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Day of the week:							
Mon	Tues	Wed	Thurs	Fri	Sat	Sun	
I went to bed at:							
I woke up at:	7 AM / PM	9:15 AM / PM	8:15 AM / PM	7:30 AM / PM	8 AM / PM	7:30 AM / PM	9:30 AM / PM
Last night, I slept for ___ hours:	5 AM / PM	5 AM / PM	5 AM / PM	5 AM / PM	5 AM / PM	5 AM / PM	7 AM / PM
Last night, it took me about ___ minutes to fall asleep:	9	7.5	8.20	5	9	9	10
I felt that the quality of my sleep was:	20 mins	< 5 mins	< 10 mins	< 5 mins	< 5 mins	20 mins	5 mins
e.g. very good, good, bad, very bad							
This morning, I feel:	✓ g	g	vg	g	vg	vg	vg
e.g. refreshed, tired, groggy, alert							
My sleep was made more difficult by:	refreshed	refreshed	tired	tired	refreshed	refreshed	refreshed
e.g. temperature, noise, dreams, thoughts, not feeling tired, discomfort							
noise							
During the night, I woke up ___ times:	2	1	1	1	2	2	2
temp	old	temp	cold				

Sleep Diary: Night

Day 1 Day 2 Day 3 Day 4 Day 5 Day 6 Day 7

I took a nap:

yes / no yes / no

I had caffeine:

# of drinks	# of drinks	# of drinks	# of drinks
<input checked="" type="checkbox"/> Morning			
<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon
<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening

I exercised for ____ minutes:

Medications or drugs I used today:

Throughout the day, I felt drowsy:

<input type="checkbox"/> Never	<input type="checkbox"/> Never	<input type="checkbox"/> Never	<input type="checkbox"/> Never
<input checked="" type="checkbox"/> Sometimes			
<input type="checkbox"/> Very Often	<input type="checkbox"/> Very Often	<input type="checkbox"/> Very Often	<input checked="" type="checkbox"/> Very Often

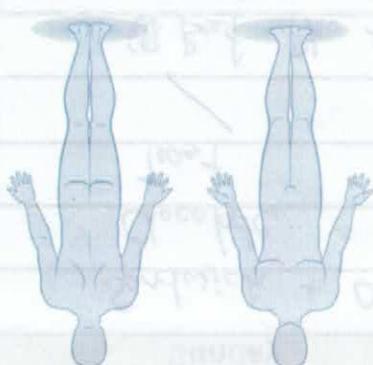
Overall, my mood today was:
e.g. positive, negative, neutral

new now new pos pos angry new

In the hour before bed, my activities included:
e.g. reading, computer, TV, showering, phone, eating, spending time with partner

reading shower phone
shower phone
TV phone
phone

Fitness focus:



Circle areas affected in falls:

Sunday	Horses ridden	Falls			

Friday	Horses ridden	Falls	Saturday	Horses ridden	Falls

Wednesday	Horses ridden	Falls	Thursday	Horses ridden	Falls

Monday	Horses ridden	Falls	Tuesday	Horses ridden	Falls

My Riding Diary

Date: 6/6/2023

Name: Jim Ching

UNIVERSITY OF NEW ZEALAND

TE KŪNENGA RI PŪREHURUA





Notes:	
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Breakfast	Sandwich + Coffee
Lunch	Coca Cola
Snack	Taco's
Dinner	Beef Pho + Fries
Snack	

Saturday	
Breakfast	Sandwich
Snack	Chocolate
Lunch	Sandwich
Snack	Ice cream
Dinner	Beef

Breakfast	Banana Cheese Wrap + Milk Tea
Snack	Cake
Lunch	A slice of Pizza + Milk Tea
Snack	Fruit
Dinner	Sandwich
Snack	Almond

Thursday	
Breakfast	Bread, Eggs & Bacon
Snack	Frischif's
Lunch	Milk Tea & Tuna, Banana
Snack	Almond
Dinner	Bacon, Cheese & Corn Wrap
Snack	Cakes
Breakfast	Cheese Corn Wrap + Coffee

Wednesday	
Breakfast	Cheese Corn Wrap + Coffee
Snack	Cake
Lunch	Banana + Coffee
Snack	Banana
Dinner	Cheese Corn Wrap
Snack	Almond

Tuesday	
Breakfast	Chicken Wrap + Coffee
Snack	Cold cuts
Lunch	Chicken + Rice
Snack	Chips
Dinner	Chicken & Pumpkin Wrap
Snack	Flour
Breakfast	Chicken Wrap + Coffee

Breakfast	Tacos
Snack	& Aluts
Lunch	
Snack	
Dinner	
Snack	
Breakfast	

My Food Diary

Date: 6/6/2023
Name: Jim Cheung

UNIVERSITY OF NEW ZEALAND

TE KŪNENGĀ RI PĀREHŪRĀ





Sleep Diary: Morning

Name: Jim Clark
Date: 6/6/2023

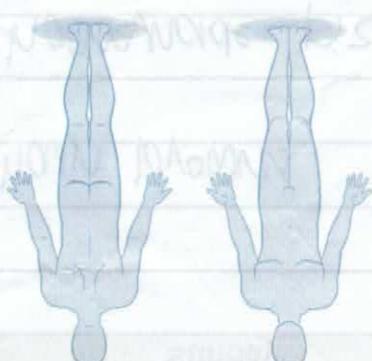
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Last night, I went to bed at:						
9 AM/PM	8 AM/PM	9 AM/PM	8:30 AM/PM	7:30 AM/PM	8:45 AM/PM	10 AM/PM
This morning, I woke up at:						
3:45 AM/PM	3:45 AM/PM	3:45 AM/PM	3:45 AM/PM	3:45 AM/PM	3:45 AM/PM	6:30 AM/PM
Last night, I slept for:						
7 hrs	8 hrs	7 hrs	7 hrs	8 hrs	7 hrs	8.5 hrs
Last night, it took me about ____ mins to fall asleep:						
10 mins	30 mins	60 mins	30 mins	20 mins	10 mins	10 mins
I felt the quality of my sleep was:						
Eg. Very good (VG), Good (G), Average (A), Bad, (B), Very Bad (VB)						
VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB
My sleep was made more difficult by:						
Eg. Temperature, noise, dreams, thoughts, not feeling tired, discomfort						
Coffee	Beer before sleep	—	—	—	—	—
During the night, I woke up ____ times:						
✓ times	0 times	0 times	✓ times	✓ times	1 times	1 times

Name: Tim Chung
Date: 6/6/2023

Sleep Diary: Night

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
I took a nap: <input checked="" type="radio"/> Yes / <input type="radio"/> No	<input checked="" type="radio"/> Yes / No	<input checked="" type="radio"/> Yes / No	<input checked="" type="radio"/> Yes / No	<input checked="" type="radio"/> Yes / No	<input checked="" type="radio"/> Yes / No	<input checked="" type="radio"/> Yes / No
I had caffeine: <input checked="" type="radio"/> # of drinks	<input checked="" type="radio"/> # of drinks	<input checked="" type="radio"/> # of drinks	<input checked="" type="radio"/> # of drinks	<input checked="" type="radio"/> # of drinks	<input checked="" type="radio"/> # of drinks	<input checked="" type="radio"/> # of drinks
Morning	Morning	Morning	Morning	Morning	Morning	Morning
Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon
Evening	Evening	Evening	Evening	Evening	Evening	Evening
Today I exercised for _____ minutes:						
Mins/hrs	40	50	30			
Medications or drugs I used today:						
Throughout the day, I felt drowsy:						
Never	Never	Never	Never	Never	Never	Never
Sometimes	Sometimes	Sometimes	Sometimes	Sometimes	Sometimes	Sometimes
Very often	Very often	Very often	Very often	Very often	Very often	Very often
Overall, my mood today was: Eg. Positive (Pos), Negative (Neg), Neutral (Neu)						
Pos / Neg <input checked="" type="radio"/> Neu	Pos / Neg <input checked="" type="radio"/> Neu	Pos / Neg <input checked="" type="radio"/> Neu	Pos / Neg <input checked="" type="radio"/> Neu	Pos / Neg <input checked="" type="radio"/> Neu	Pos / Neg <input checked="" type="radio"/> Neu	Pos / Neg <input checked="" type="radio"/> Neu
In the hour before bed, my activities included: Eg. Reading, computer, TV, showering, phone, eating, spending time with partner						
	TV	Phone	Phone	Showering	Shower	Shower

Fitness focus: _____



Circle areas affected in falls:

Sunday				Horses ridden	Falls			
Other eg. gym/run								
Races								
Trials								
Jumpouts								
Gallops								
Trackwork								
Saturday				Horses ridden	Falls			
Other eg. gym/run								
Races								
Trials								
Jumpouts								
Gallops								
Trackwork								
Friday				Horses ridden	Falls			
Other eg. gym/run								
Races								
Trials								
Jumpouts								
Gallops								
Trackwork								
Wednesday				Horses ridden	Falls			
Other eg. gym/run								
Races								
Trials								
Jumpouts								
Gallops								
Trackwork								
Tuesday				Horses ridden	Falls			
Other eg. gym/run								
Races								
Trials								
Jumpouts								
Gallops								
Trackwork								
Monday				Horses ridden	Falls			

My Riding Diary

Date: _____

Name: Cat

UNIVERSITY OF NEW ZEALAND

TE KŪNENGA RI PIRHEURORA





University of Technology
Business
Education
Health
Humanities
Science
Technology

Notes:

Breakfast	Saturday
Snack	snapes
Lunch	pasty chicken
Snack	
Breakfast	

Sunday

Breakfast	Holmwood Pizzco
Snack	
Lunch	Maslin Devons
Snack	
Dinner	
Snack	

Breakfast	Friday
Snack	Noddles
Lunch	
Snack	
Dinner	Waffles
Snack	

Breakfast	Wednesday
Snack	cheese muffin
Lunch	poorie bun
Snack	bunplings
Dinner	
Snack	

Breakfast	Monday
Snack	sunflower
Lunch	
Snack	
Dinner	Mcdu
Snack	

My Food Diary

Date: _____
Name: _____

UNIVERSITY OF NEW ZEALAND

THE KUNENGĀ KI PŪREHURUA





Name: _____
Date: _____

Sleep Diary: Morning

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Last night, I went to bed at: <u>10</u>						
<u>6</u> AM/PM	<u>6</u> AM/PM	<u>4</u> AM/PM	<u>9</u> AM/PM	<u>9</u> AM/PM	<u>9</u> AM/PM	<u>10</u> AM/PM
This morning, I woke up at:						
<u>6</u> AM/PM	<u>6</u> AM/PM	<u>4</u> AM/PM	<u>4</u> AM/PM	<u>5</u> AM/PM	<u>5</u> AM/PM	<u>6</u> AM/PM
Last night, I slept for:						
<u>10</u> hrs	<u>6</u> hrs	<u>7</u> hrs	<u>7</u> hrs	<u>7</u> hrs	<u>8</u> hrs	<u>14</u> hrs
Last night, it took me about _____ mins to fall asleep:						
<u>10</u> mins	<u>10</u> mins	<u>10</u> mins	<u>10</u> mins	<u>10</u> mins	<u>10</u> mins	<u>10</u> mins
I felt the quality of my sleep was: Eg. Very good (VG), Good (G), Average (A), Bad, (B), Very Bad (VB)						
<u>VG / G / A / B / VB</u>	<u>VG / G / A / B / VB</u>	<u>VG / G / A / B / VB</u>	<u>VG / G / A / B / VB</u>	<u>VG / G / A / B / VB</u>	<u>VG / G / A / B / VB</u>	<u>VG / G / A / B / VB</u>
My sleep was made more difficult by: Eg. Temperature, noise, dreams, thoughts, not feeling tired, discomfort						
During the night, I woke up _____ times:						
<u>3</u> times	<u>2</u> times	<u>2</u> times	<u>3</u> times	<u>2</u> times	<u>0</u> times	<u>1</u> times

Name: _____
Date: _____

Sleep Diary: Night

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
--------	---------	-----------	----------	--------	----------	--------

I took a nap:

Yes / No

I had caffeine:

Yes / No

I had coffee:

Yes / No

I had tea:

Yes / No

I had coffee:

Yes / No

Today I exercised for _____ minutes:

3 Mins/hr

5 Mins/hr

5 Mins/hr

12 Mins/hr

5 Mins/hr

12 Mins/hr

0 Mins/hr

Medications or drugs I used today:

Throughout the day, I felt drowsy:

Never

Never

Never

Never

Sometimes

Sometimes

Sometimes

Sometimes

Very often

Very often

Very often

Very often

Overall, my mood today was:
Eg. Positive (Pos), Negative (Neg), Neutral (Neu)

Pos / Neg / Neu

In the hour before bed, my activities included:
Eg. Reading, computer, TV, showering, phone, eating, spending time with partner

phone

phone

phone

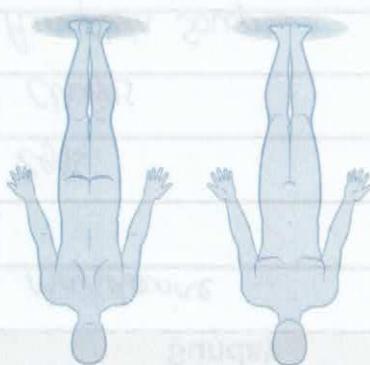
time with partner

phone

phone

bed.

Fitness focus:



Circle areas affected in falls:

Monday				Tuesday				Wednesday				Thursday				Friday				Saturday				Sunday				
Trackwork	Horses ridden	Falls		Trackwork	Horses ridden	Falls		Trackwork	Horses ridden	Falls		Trackwork	Horses ridden	Falls		Trackwork	Horses ridden	Falls		Trackwork	Horses ridden	Falls		Other eg. gym/run				
10	1	1		8	/	/		/	/	/		/	/	/		10	10	/		/	/	/		8				
Gallops	/	/		Jumpsouts	/	/		Trials	/	/		Races	/	/		Trials	/	/		Races	/	/		Other eg. gym/run				
Trackwork	/	/		Jumpsouts	/	/		Gallops	/	/		Trials	/	/		Gallops	/	/		Jumpsouts	/	/		Trials				
Horses ridden	10	1		Gallops	/	/		Races	/	/		Other eg. gym/run	8	/		Races	/	/		Trials				Other eg. gym/run				
Falls				Trials	/	/		Trials	/	/		Other eg. gym/run				Jumpsouts	/	/		Gallops	/	/		Jumpsouts				
				Jumpsouts	/	/		Gallops	/	/		Trials	/	/		Races	/	/		Trials				Trials				
				Gallops	/	/		Races	/	/		Other eg. gym/run				Other eg. gym/run				Races				Other eg. gym/run				
				Trials	/	/		Trials	/	/		Other eg. gym/run				Other eg. gym/run				Trials				Other eg. gym/run				
				Other eg. gym/run				Other eg. gym/run								Other eg. gym/run												

My Riding Diary

Date:

Name: Elle

UNIVERSITY OF NEW ZEALAND

TE KŪNENGĀ KI PŪREHURUA





Monday

Name: Ellie

Date:

UNIVERSITY OF NEW ZEALAND

TE KŪNENGA KI PIRERHURUA



Tuesday

Breakfast	
Lunch	eggs & sausages
Snack	
Dinner	chips
Breakfast	

Wednesday

Breakfast	
Lunch	eggs & sausages
Snack	
Dinner	steak & chips
Breakfast	

Thursday

Breakfast	
Lunch	eggs & sausages
Snack	
Dinner	pasta
Breakfast	

Friday

Breakfast	
Lunch	eggs on toast & sausages
Snack	
Dinner	snapper
Breakfast	

Notes:

Breakfast	Muesli
Lunch	eggs
Snack	Clips
Dinner	Hamptonia soup
Snack	

Sunday



MASSEY
UNIVERSITY
TE KUNENGKA KI PUKEHUA

UNIVERSITY OF NEW ZEALAND

Name: Ella
Date: _____

Sleep Diary: Morning

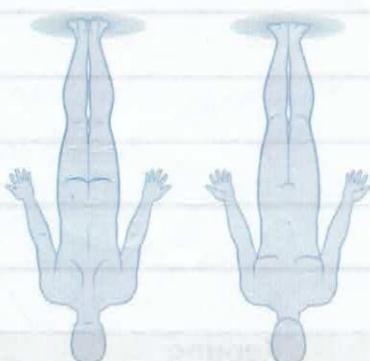
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Last night, I went to bed at:						
10 pm	AM/PM	10	AM/PM	10	AM/PM	10
This morning, I woke up at:						
4:30	AM/PM	4:30	AM/PM	3:30	AM/PM	3:30
Last night, I slept for:						
6 hrs	hrs	5 hrs	5 hrs	6 hrs	5 hrs	8 hrs
Last night, it took me about mins to fall asleep:						
5 mins	10 mins	20 mins	5 mins	5 mins	10 mins	10 mins
I felt the quality of my sleep was:						
Eg. Very good (VG), Good (G), Average (A), Bad, (B), Very Bad (VB)	VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB
My sleep was made more difficult by:						
Eg. Temperature, noise, dreams, thoughts, not feeling tired, discomfort	noise	Not feeling tired.				
During the night, I woke up times:						
times	times	times	times	times	2 times	1 times

Name: Elle
Date: _____

Sleep Diary: Night

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
I took a nap:	Yes / <input checked="" type="radio"/> No	Yes / <input checked="" type="radio"/> No	Yes / <input checked="" type="radio"/> No	Yes / <input checked="" type="radio"/> No	Yes / <input checked="" type="radio"/> No	Yes / <input checked="" type="radio"/> No	Yes / <input checked="" type="radio"/> No
I had caffeine:	3 # of drinks	4 # of drinks	3 # of drinks	4 # of drinks			
Morning	/	Morning	/	Morning	/	Morning	/
Afternoon	/	Afternoon	/	Afternoon	/	Afternoon	/
Evening	/	Evening	/	Evening	/	Evening	/
Today I exercised for _____ minutes:							
Mins/hrs							
Medications or drugs I used today:							
Throughout the day, I felt drowsy:							
Never	Never	Never	Never	Never	Never	Never	Never
Sometimes	Sometimes	Sometimes	Sometimes	Sometimes	Sometimes	Sometimes	Sometimes
Very often	Very often	Very often	Very often	Very often	Very often	Very often	Very often
Overall, my mood today was:							
Eg. Positive (Pos), Negative (Neg), Neutral (Neu)							
Pos / Neg / Neu	Pos / Neg / <input checked="" type="radio"/> Neu	Pos / Neg / Neu	Pos / Neg / Neu	Pos / Neg / Neu	Pos / Neg / Neu	Pos / Neg / Neu	Pos / Neg / Neu
In the hour before bed, my activities included:							
Eg. Reading, computer, TV, showering, phone, eating, spending time with partner							
+V	+V	+V	+V	+V	+V	+V	+V

Fitness focus: own fitness training -



Circle areas affected in falls:

Sunday Horses ridden Falls

Other eg. gym/run
Races
Trials
Jumpsouts
Gallops
Trackwork
Other eg. gym/run

Saturday Horses ridden Falls

Other eg. gym/run
Races
Trials
Jumpsouts
Gallops
Trackwork
Other eg. gym/run

Friday Horses ridden Falls

Other eg. gym/run
Races
Trials
Jumpsouts
Gallops
Trackwork
Other eg. gym/run

Wednesday Horses ridden Falls

Other eg. gym/run
Races
Trials
Jumpsouts
Gallops
Trackwork
Other eg. gym/run

Monday Horses ridden Falls

UNIVERSITY OF NEW ZEALAND
THE RUNENGĀ PŪRĀHEURĀ
MASSEY UNIVERSITY

My Riding Diary

Date:

Name: Miles Baker



Name: Jill Merges
Date: _____

Notes:

Sunday

Breakfast	
Snack	
Lunch	
Snack	
Dinner	
Snack	
Breakfast	

Saturday

Breakfast	
Snack	
Lunch	
Snack	
Dinner	
Snack	
Breakfast	

Friday

Breakfast	
Snack	
Lunch	
Snack	
Dinner	
Snack	
Breakfast	

Wednesday

Breakfast	
Snack	
Lunch	
Snack	
Dinner	
Snack	
Breakfast	

Tuesday**My Food Diary**



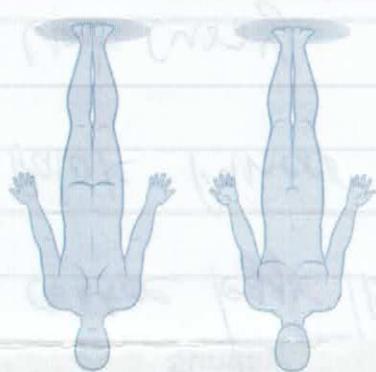
Sleep Diary: Morning

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Last night, I went to bed at:						
9 AM/PM	9 AM/PM	9 AM/PM	9 AM/PM	9 AM/PM	10 AM/PM	9 AM/PM
This morning, I woke up at:						
4 AM/PM	4 AM/PM	4 AM/PM	4 AM/PM	4 AM/PM	6 AM/PM	5 AM/PM
Last night, I slept for:						
hrs	hrs	hrs	hrs	hrs	hrs	hrs
Last night, it took me about ____ mins to fall asleep:						
mins	mins	mins	mins	mins	mins	mins
I felt the quality of my sleep was:						
Eg. Very good (VG), Good (G), Average (A), Bad, (B), Very Bad (VB)						
VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB
My sleep was made more difficult by:						
Eg. Temperature, noise, dreams, thoughts, not feeling tired, discomfort						
During the night, I woke up ____ times:						
2 times	1 times	2 times	2 times	1 times	1 times	2 times

Sleep Diary: Night

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
I took a nap:	Yes / <input checked="" type="radio"/> No						
I had caffeine:							
# of drinks	# of drinks	# of drinks	# of drinks	# of drinks	# of drinks	# of drinks	# of drinks
Morning	Morning	Morning	Morning	Morning	Morning	Morning	Morning
Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon
Evening	Evening	Evening	Evening	Evening	Evening	Evening	Evening
Today I exercised for _____ minutes:							
Mins/hrs	Mins/hrs	Mins/hrs	Mins/hrs	Mins/hrs	Mins/hrs	Mins/hrs	Mins/hrs
Medications or drugs I used today:							
Throughout the day, I felt drowsy:							
Never	Never	Never	Never	Never	Never	Never	Never
Sometimes	Sometimes	Sometimes	Sometimes	Sometimes	Sometimes	Sometimes	Sometimes
Very often	Very often	Very often	Very often	Very often	Very often	Very often	Very often
Overall, my mood today was:							
Eg. Positive (Pos), Negative (Neg), Neutral (Neu)							
Pos / Neg / Neu	Pos / Neg / Neu	Pos / Neg / Neu	Pos / Neg / Neu	Pos / Neg / Neu	Pos / Neg / Neu	Pos / Neg / Neu	Pos / Neg / Neu
In the hour before bed, my activities included:							
Eg. Reading, computer, TV, showering, phone, eating, spending time with partner							
TV	TV	TV	TV	TV	TV	TV	TV

Fitness focus:



Circle areas affected in falls:

My Riding Diary			
Mondays	Tuesdays	Wednesdays	Thursdays
Falls	Horses ridden	Horses ridden	Falls
Gallops	9	7	5
Jumps/outs			
Trials			
Races			
Other eg. gym/run			
Fridays	Saturdays	Sundays	
Falls	Horses ridden	Horses ridden	Falls
Gallops	10	10	10
Jumps/outs			
Trials			
Races	3		
Other eg. gym/run			
Sundays	Horses ridden	Falls	
Falls	Horses ridden	Horses ridden	Falls
Gallops			
Jumps/outs			
Trials			
Races			
Other eg. gym/run			

CDC

Notes:

Saturday	
Breakfast	Snack
lamb curry	
eggs (bacon)	
dal curry	
dal curry	
lamb curry	

lamb curry

dal

eggs (bacon)

Thursday

Wednesday	
Breakfast	Snack
eggs / bread	
dal curry	
dal curry	
dal curry	
lamb curry	

Tuesday	
Breakfast	Snack
eggs / bread	
dal curry	

Monday	
Breakfast	Snack
eggs / bread	
dal curry	

My Food Diary

Name: Michael Smith
Date: 12/06/2023

UNIVERSITY OF NEW ZEALAND

TE KŪNENGA KI PIRHEHURA

THE UNIVERSITY OF NEW ZEALAND



Name: _____
Date: _____

Sleep Diary: Morning

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Last night, I went to bed at:						
9pm AM/PM	9pm AM/PM	9pm AM/PM	9pm AM/PM	9pm AM/PM	10pm AM/PM	10pm AM/PM
This morning, I woke up at:						
7am AM/PM	7am AM/PM	7am AM/PM	7am AM/PM	7am AM/PM	7am AM/PM	7am AM/PM
Last night, I slept for:						
7 hrs	7 hrs	7 hrs	7 hrs	7 hrs	7 hrs	7 hrs
Last night, it took me about ____ mins to fall asleep:						
10 mins	10 mins	10 mins	10 mins	10 mins	10 mins	10 mins
I felt the quality of my sleep was:						
Eg. Very good (VG), Good (G), Average (A), Bad, (B), Very Bad (VB)	VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB
My sleep was made more difficult by:						
Eg. Temperature, noise, dreams, thoughts, not feeling tired, discomfort						
During the night, I woke up ____ times:						
times	times	times	times	times	times	times

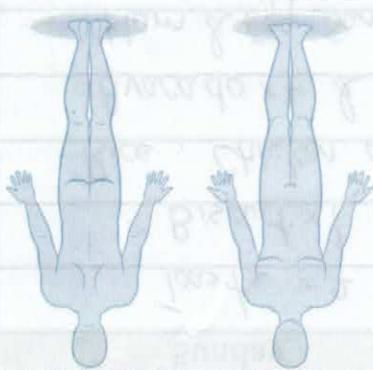


Name: _____
Date: _____

Sleep Diary: Night

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
I took a nap:	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
I had caffeine:							
# of drinks							
Morning	Morning	Morning	Morning	Morning	Morning	Morning	Morning
Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon
Evening	Evening	Evening	Evening	Evening	Evening	Evening	Evening
Today I exercised for _____ minutes:							
Mins/hrs	Mins/hrs	Mins/hrs	Mins/hrs	Mins/hrs	Mins/hrs	Mins/hrs	Mins/hrs
Medications or drugs I used today:							
Throughout the day, I felt drowsy:							
Never	Never	Never	Never	Never	Never	Never	Never
Sometimes	Sometimes	Sometimes	Sometimes	Sometimes	Sometimes	Sometimes	Sometimes
Very often	Very often	Very often	Very often	Very often	Very often	Very often	Very often
Overall, my mood today was:							
Eg. Positive (Pos), Negative (Neg), Neutral (Neu)							
Pos / Neg / Neu	Pos / Neg / Neu	Pos / Neg / Neu	Pos / Neg / Neu	Pos / Neg / Neu	Pos / Neg / Neu	Pos / Neg / Neu	Pos / Neg / Neu
In the hour before bed, my activities included:							
Eg. Reading, computer, TV, showering, phone, eating, spending time with partner							

Fitness focus: Get enough rest



Circle areas affected in falls:

Monday	Horses ridden	Falls	Tuesday	Horses ridden	Falls	Wednesday	Horses ridden	Falls	Thursday	Horses ridden	Falls	Friday	Horses ridden	Falls	Sunday	Horses ridden	Falls	Mechanical Horse
Trackwork	6	2	Trackwork	4	14	Trackwork	9	1	Trackwork	6	6	Trackwork	6	6	Other eg. gym/run	6	6	Other eg. gym/run
Gallops	2	1	Gallops	3	7	Gallops	7	7	Gallops	7	7	Gallops	7	7	Races	7	7	Races
Jumpsouts	6	1	Jumpsouts	3	4	Jumpsouts	9	1	Jumpsouts	6	1	Jumpsouts	9	1	Trials	6	1	Trials
Trials	7	1	Trials	7	7	Races	7	7	Races									
Races	7	1	Races	7	7	Other eg. gym/run	7	7	Other eg. gym/run									
Other eg. gym/run	7	7	Mechanical Horse	7	7	Mechanical Horse												

My Riding Diary

Date: 17/7/2023

Name: Jim Chung

UNIVERSITY OF NEW ZEALAND

TE KŪNGA RIKIRIHURU

MASSEY UNIVERSITY



Tuesday

Name: Tim Chong
Date: 17/7/2023

Breakfast

Sausage Sandwich	Snack	Cashew
Peanut Butter	Snack	Peanut Butter
Banana Wrap, Milk Tea	Breakfast	Banana Wrap, Milk tea
Cookies x 3	Snack	Cookies x 2
Bananas x 3	Lunch	Bananas x 3
Chicken, Mashed Potatoes, Biscuit	Dinner	Chicken & Rice
Biscuit x 3	Snack	Cookies x 2
Banana Butter Sandwich x 2	Breakfast	Banana Butter Sandwich x 2
Beef & Biscuit x 3	Snack	Beef & Biscuit x 3

Wednesday

Lunch

Sausage Sandwich	Snack	Cashew
Biscuit x 4	Snack	Biscuit x 2
Tacos x 2	Lunch	Tacos x 2
Coldies & Mandarin	Snack	Coldies x 3
Banana, Bread + Cheese	Dinner	Banana, Bread + Cheese
Peanut Butter	Breakfast	Peanut Butter
Banana Wrap, Milk Tea	Snack	Banana Wrap, Milk Tea
Cookies x 3	Snack	Cookies x 3
Bananas x 3	Lunch	Bananas x 3
Chicken, Mashed Potatoes, Biscuit	Dinner	Chicken & Rice
Biscuit x 2	Snack	Cookies x 2

Monday

Dinner

Sausage Sandwich	Snack	Cashew
Biscuit x 4	Snack	Biscuit x 2
Tacos x 2	Lunch	Tacos x 2
Coldies & Mandarin	Snack	Coldies x 3
Banana, Bread + Cheese	Dinner	Banana, Bread + Cheese
Peanut Butter	Breakfast	Peanut Butter
Banana Wrap, Milk Tea	Snack	Banana Wrap, Milk Tea
Cookies x 3	Snack	Cookies x 3
Bananas x 3	Lunch	Bananas x 3
Chicken, Mashed Potatoes, Biscuit	Dinner	Chicken & Rice
Biscuit x 2	Snack	Cookies x 2

My Food Diary

UNIVERSITY OF NEW ZEALAND

TE KŪNENGĀ KI PIRHEURORA

THE UNIVERSITY OF NEW ZEALAND



Saturday

Banana x 3	Snack	Biscuits x 3
Banana Butter	Snack	Banana Butter
Banana Wrap x 3	Breakfast	Banana Wrap, Milk tea
Choco late	Snack	Biscuits x 3
Muffins x 2	Lunch	Muffins x 2
Avocado Frits x 2	Dinner	Avocado frits x 2
Ham & Egg Sandwich	Snack	Ham & Egg Sandwich
Rice, Chicken and Beef	Lunch	Rice, Chicken and Beef
Biscuit x 1	Snack	Biscuit x 1
Tacos x 2	Breakfast	Tacos x 2

Sunday

Notes:		
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Sausage Sandwich x 2	Breakfast	Friday
Biscuits x 3	Snack	
Chocolate	Lunch	
Muffins x 2	Snack	
Sausage & Pepper	Lunch	
Avocado frits x 2	Dinner	
Cashew	Snack	

Cashew	Snack	
Ham & Egg Sandwich	Dinner	
Avocado frits x 2	Snack	
Rice, Chicken and Beef	Lunch	
Biscuit x 1	Snack	
Tacos x 2	Breakfast	

Sleep Diary: Morning

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Last night, I went to bed at:						
9 AM/PM	9 AM/PM	7:30 AM/PM	8:30 AM/PM	8 AM/PM	9 AM/PM	9:30 AM/PM
This morning, I woke up at:						
3:45 AM/PM	3:45 AM/PM	3:45 AM/PM	3:45 AM/PM	4:30 AM/PM	3:45 AM/PM	5:00 AM/PM
Last night, I slept for:						
7 hrs	7 hrs	8 hrs	7.5 hrs	8.5 hrs	7 hrs	7.5 hrs
Last night, it took me about mins to fall asleep:						
10 mins	10 mins	10 mins	10 mins	10 mins	10 mins	10 mins
I felt the quality of my sleep was:						
Eg. Very good (VG), Good (G), Average (A), Bad, (B), Very Bad (VB)						
VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB
My sleep was made more difficult by:						
Eg. Temperature, noise, dreams, thoughts, not feeling tired, discomfort						
During the night, I woke up times:						
/ times	/ times	/ times	/ times	/ times	/ times	/ times

Name: Tim Chung
Date: 17/7/2023

Sleep Diary: Night

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
I took a nap:	Yes / <input checked="" type="checkbox"/>	No	Yes / <input checked="" type="checkbox"/>	No	Yes / <input checked="" type="checkbox"/>	No	Yes / <input checked="" type="checkbox"/>
I had caffeine:	<input type="radio"/> # of drinks	<input type="radio"/> # of drinks	<input type="radio"/> # of drinks	<input type="radio"/> # of drinks	<input type="radio"/> # of drinks	<input type="radio"/> # of drinks	<input type="radio"/> # of drinks
Morning	✓	✓	✓	✓	✓	✓	✓
Afternoon	✓	✓	✓	✓	✓	✓	✓
Evening	✓	✓	✓	✓	✓	✓	✓
Today I exercised for _____ minutes:	40 Mins/hrs	0 Mins/hrs	0 Mins/hrs	/ Mins/hrs	/ Mins/hrs	/ Mins/hrs	30 Mins/hrs
Medications or drugs I used today:	✓	✓	✓	✓	✓	✓	✓
Throughout the day, I felt drowsy:	Never <input checked="" type="radio"/>	Sometimes <input checked="" type="radio"/>	Never <input checked="" type="radio"/>	Sometimes <input checked="" type="radio"/>	Never <input checked="" type="radio"/>	Sometimes <input checked="" type="radio"/>	Never <input checked="" type="radio"/>
Overall, my mood today was:	Never <input checked="" type="radio"/>	Sometimes <input checked="" type="radio"/>	Never <input checked="" type="radio"/>	Sometimes <input checked="" type="radio"/>	Never <input checked="" type="radio"/>	Sometimes <input checked="" type="radio"/>	Never <input checked="" type="radio"/>
Eg. Positive (Pos), Negative (Neg), Neutral (Neu)	Pos / <input checked="" type="radio"/> Neu	Pos / <input type="checkbox"/> Neg Neu	Pos / Neg / <input checked="" type="radio"/> Neu	Pos / Neg / <input checked="" type="radio"/> Neu	Pos / <input checked="" type="radio"/> Neg / Neu	Pos / Neg / Neu	(Pos) Neg / Neu
In the hour before bed, my activities included:	Eg. Reading, computer, TV, showering, phone, eating, spending time with partner						
Phone	Phone	Phone	Phone	Phone	Phone	Phone	Phone