

My Food Diary

Monday

Breakfast	Banana
Snack	
Lunch	
Snack	
Dinner	Butter chicken
Snack	

Tuesday

Breakfast	Nutri grain
Snack	
Lunch	
Snack	
Dinner	pasta chicken
Snack	

Wednesday

Breakfast	Nutri grain
Snack	
Lunch	
Snack	
Dinner	Maccaroni
Snack	

Thursday

Breakfast	
Snack	
Lunch	KFC
Snack	
Dinner	Pizza
Snack	

Friday

Breakfast	
Snack	
Lunch	Soup
Snack	
Dinner	Kebab
Snack	

Saturday

Breakfast	Nutri grain.
Snack	
Lunch	
Snack	
Dinner	Meat balls mash
Snack	

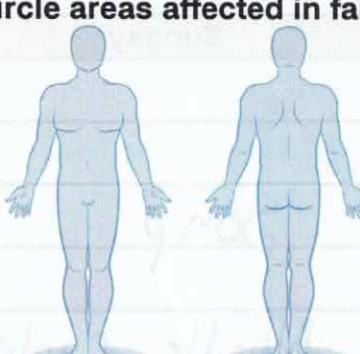
Sunday

Breakfast	
Snack	
Lunch	Soup
Snack	
Dinner	Noodle canteen
Snack	

Notes:



My Riding Diary

Monday	Horses ridden	Falls	Tuesday	Horses ridden	Falls
Trackwork	8		Trackwork	8	
Gallops			Gallops		
Jumpouts			Jumpouts		
Trials			Trials		
Races			Races		
Other eg. gym/run			Other eg. gym/run		
Wednesday	Horses ridden	Falls	Thursday	Horses ridden	Falls
Trackwork	7		Trackwork	8	
Gallops			Gallops		
Jumpouts			Jumpouts		
Trials			Trials		
Races			Races		
Other eg. gym/run			Other eg. gym/run		
Friday	Horses ridden	Falls	Saturday	Horses ridden	Falls
Trackwork	1		Trackwork	10	
Gallops			Gallops		
Jumpouts			Jumpouts		
Trials			Trials		
Races			Races		
Other eg. gym/run			Other eg. gym/run		
Sunday	Horses ridden	Falls	Circle areas affected in falls:		
Trackwork					
Gallops					
Jumpouts					
Trials					
Races					
Other eg. gym/run					

Fitness focus: _____

Name: Anke

Date: _____

Sleep Diary: Night

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

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	10 AM/PM
This morning, I woke up at:						
5 AM/PM	5 AM/PM	5 AM/PM	5 AM/PM	5 AM/PM	6 AM/PM	6 AM/PM
Last night, it took me about <u>5</u> 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
This morning I feel:						
Eg. Refreshed (Ref), Tired (Tir), Groggy (Grog), Alert (Al)						
Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al
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:						
0 times	0 times	0 times	0 times	0 times	0 times	0 times



My Food Diary

Monday	
Breakfast	toast
Snack	
Lunch	yogurt
Snack	
Dinner	steak salad
Snack	

Tuesday	
Breakfast	Musli bar
Snack	
Lunch	—
Snack	
Dinner	Subway wrap
Snack	

Wednesday	
Breakfast	Musli bar yogurt
Snack	
Lunch	yogurt
Snack	
Dinner	—
Snack	

Thursday	
Breakfast	Nothing
Snack	
Lunch	Sandwhich
Snack	fruit
Dinner	pasta / chicken
Snack	

Friday	
Breakfast	Musli bar
Snack	
Lunch	Chicken
Snack	
Dinner	Out for Dinner Indian
Snack	

Saturday	
Breakfast	nothing
Snack	
Lunch	
Snack	two Savory Pies
Dinner	chia pudding
Snack	

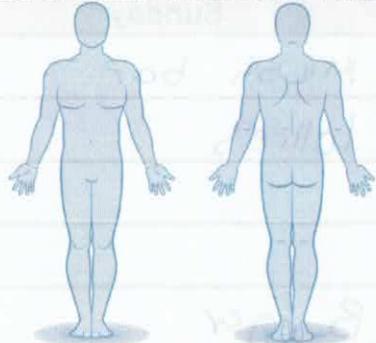
Sunday	
Breakfast	Musli bar
Snack	lollies
Lunch	
Snack	
Dinner	Burger
Snack	

Notes:

Name: Amber

Date: 23 July

My Riding Diary

Monday	Horses ridden	Falls	Tuesday	Horses ridden	Falls
Trackwork	10	0	Trackwork	10	0
Gallops			Gallops	?	
Jumpouts			Jumpouts		
Trials			Trials		
Races			Races	7	
Other eg. gym/run			Other eg. gym/run		
Wednesday	Horses ridden	Falls	Thursday	Horses ridden	Falls
Trackwork	12	0	Trackwork	10	0
Gallops			Gallops		
Jumpouts			Jumpouts		
Trials			Trials		
Races			Races	4	
Other eg. gym/run			Other eg. gym/run		
Friday	Horses ridden	Falls	Saturday	Horses ridden	Falls
Trackwork	12	0	Trackwork		
Gallops	?		Gallops	1	
Jumpouts			Jumpouts		
Trials			Trials		
Races			Races	7	0
Other eg. gym/run			Other eg. gym/run		
Sunday	Horses ridden	Falls	Circle areas affected in falls:		
Trackwork					
Gallops					
Jumpouts					
Trials					
Races	7	0			
Other eg. gym/run					

Fitness focus: _____

Name: Crystal

Date: _____

Sleep Diary: Night

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
I took a nap:	Yes / No						
I had caffeine:	1 # of drinks						
	Morning						
	Afternoon						
	Evening						
Today I exercised for _____ minutes:	40 Mins/hrs	45 Mins/hrs	1 Mins/hrs			40 Mins/hrs	
Medications or drugs I used today:	Panadol						
Throughout the day, I felt drowsy:	Never	Never	Sometimes	Sometimes	Sometimes	Never	Never
	Sometimes	Sometimes	Very often	Very often	Very often	Sometimes	Sometimes
	Very often	Very often				Very often	Very often
Overall, my mood today was:	Never	Sometimes	Very often	Very often	Very often	Never	Never
Eg. Positive (Pos), Negative (Neg), Neutral (Neu)	Pos / Neg / Neu						
In the hour before bed, my activities included:	Phone , TV						
Eg. Reading, computer, TV, showering, phone, eating, spending time with partner							

Sleep Diary: Morning

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Last night, I went to bed at:						
9:30 AM/PM	9 AM/PM	9 AM/PM	9 AM/PM	8:30 AM/PM	11 AM/PM	9 AM/PM
This morning, I woke up at:						
4:50 AM/PM						
4:50 AM/PM	4:50 AM/PM	4:50 AM/PM	5 AM/PM	5 AM/PM	6 AM/PM	9 AM/PM
Last night, it took me about ____ mins to fall asleep:						
10 mins	10 mins	5 mins	5 mins	5 mins	2 mins	2 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
This morning I feel:						
Eg. Refreshed (Ref), Tired (Tir), Groggy (Grog), Alert (Al)						
Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al
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	2 times

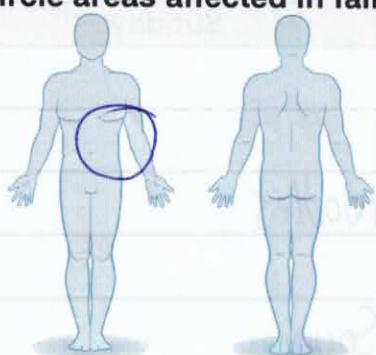
My Food Diary

Monday		Tuesday	
Breakfast	Banana	Breakfast	Banana
Snack	Cheese & crackers	Snack	Muesli bar & up & go
Lunch	Cheese toastie	Lunch	Sandwich
Snack		Snack	noodles
Dinner	Steak & veg	Dinner	Stir fry
Snack		Snack	
Wednesday		Thursday	
Breakfast	Banana	Breakfast	Banana
Snack		Snack	Muesli Bar & up & go
Lunch	Sushi	Lunch	Quiche
Snack		Snack	
Dinner	Pork belly roast	Dinner	Butter chicken
Snack		Snack	Chocolate
Friday		Saturday	
Breakfast	Banana	Breakfast	Banana
Snack	Cheese & crackers	Snack	Cheese & crackers
Lunch	Cordon bleu	Lunch	Dumplings
Snack		Snack	
Dinner	Pizza	Dinner	BBQ
Snack		Snack	
Sunday		Notes:	
Breakfast			
Snack			
Lunch	noodles		
Snack			
Dinner	Soup		
Snack			

INJURED

Name: Crystal
Date: 23/7/24

My Riding Diary

Monday	Horses ridden	Falls	Tuesday	Horses ridden	Falls
Trackwork			Trackwork		
Gallops			Gallops		
Jumpouts			Jumpouts		
Trials			Trials		
Races			Races		
Other eg. gym/run			Other eg. gym/run		
Wednesday	Horses ridden	Falls	Thursday	Horses ridden	Falls
Trackwork			Trackwork		
Gallops			Gallops		
Jumpouts			Jumpouts		
Trials			Trials		
Races			Races		
Other eg. gym/run			Other eg. gym/run		
Friday	Horses ridden	Falls	Saturday	Horses ridden	Falls
Trackwork			Trackwork		
Gallops			Gallops		
Jumpouts			Jumpouts		
Trials			Trials		
Races			Races		
Other eg. gym/run			Other eg. gym/run		
Sunday	Horses ridden	Falls	Circle areas affected in falls:		
Trackwork					
Gallops					
Jumpouts					
Trials					
Races					
Other eg. gym/run					

Fitness focus: _____

Name: _____

Date: _____

Sleep Diary: Night

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
I took a nap:	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						
Medications or drugs I used today:							
Throughout the day, I felt drowsy:	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						
In the hour before bed, my activities included: Eg. Reading, computer, TV, showering, phone, eating, spending time with partner							

Name: _____

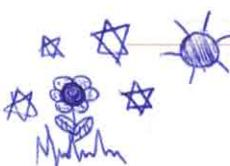
Date: _____

Sleep Diary: Morning

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM
This morning, I woke up at:						
Last night, I went to bed at:						
AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM
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
This morning I feel:						
Eg. Refreshed (Ref), Tired (Tir), Groggy (Grog), Alert (Al)						
Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al
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

My Food Diary

Monday		Tuesday	
Breakfast	Nutri grain + Banana	Breakfast	Nutri grain + Banana
Snack		Snack	
Lunch		Lunch	
Snack		Snack	Apple
Dinner		Dinner	Mash + meatballs
Snack		Snack	
Wednesday		Thursday	
Breakfast	Nutri grain + Banana	Breakfast	Nutri grain + Banana
Snack		Snack	
Lunch		Lunch	
Snack		Snack	Apple
Dinner	Pumpkin Soup	Dinner	Butter Chicken
Snack		Snack	
Friday		Saturday	
Breakfast	Nutri grain + Banana	Breakfast	Nutri grain + Banana
Snack		Snack	
Lunch		Lunch	
Snack		Snack	A
Dinner	Mushroom Pasta	Dinner	Crumpets + Chicken
Snack		Snack	
Sunday		Notes:	
Breakfast	Scrambled Eggs + potato		
Snack			
Lunch			
Snack			
Dinner	Pizza		
Snack			





My Riding Diary

Monday	Horses ridden	Falls	Tuesday	Horses ridden	Falls
Trackwork	10	0	Trackwork	8	0
Gallops	0	0	Gallops	4	0
Jumpouts	0		Jumpouts	0	
Trials	0		Trials	0	
Races	0		Races	0	
Other eg. gym/run			Other eg. gym/run		
Wednesday	Horses ridden	Falls	Thursday	Horses ridden	Falls
Trackwork	10	0	Trackwork	10	0
Gallops	0	0	Gallops	1	0
Jumpouts	0		Jumpouts	0	
Trials	0		Trials	0	
Races	0		Races	0	
Other eg. gym/run			Other eg. gym/run		
Friday	Horses ridden	Falls	Saturday	Horses ridden	Falls
Trackwork	10	0	Trackwork	10	0
Gallops	0	0	Gallops	5	
Jumpouts	0		Jumpouts	0	
Trials	0		Trials	0	
Races	0		Races	0	
Other eg. gym/run			Other eg. gym/run		
Sunday	Horses ridden	Falls	Circle areas affected in falls:		
Trackwork					
Gallops	DAY				
Jumpouts	OFF				
Trials					
Races					
Other eg. gym/run					

Fitness focus: _____

Name: Jeevesh Makhija

Date: 23/07/25.

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	Yes / 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:							
230 Mins/hrs	Mins/hrs	Mins/hrs	Mins/hrs	Mins/hrs	Mins/hrs	Mins/hrs	Mins/hrs
Medications or drugs I used today:							
No							
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

phone

Name: Jeetesh mudhra
Date: 23/07/25.

Sleep Diary: Morning

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Last night, I went to bed at:						
9 AM/PM	— AM/PM	— AM/PM	— AM/PM	— AM/PM	10 AM/PM	9 AM/PM
This morning, I woke up at:						
5 AM/PM	— AM/PM	— AM/PM	— AM/PM	— AM/PM	— AM/PM	8 AM/PM
Last night, it took me about ____ mins to fall asleep:						
20 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
This morning I feel:						
Eg. Refreshed (Ref), Tired (Tir), Groggy (Grog), Alert (Al)						
Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al
My sleep was made more difficult by:						
Eg. Temperature, noise, dreams, thoughts, not feeling tired, discomfort						
Temperature	—	—	—	—	—	—
During the night, I woke up ____ times:						
1 times	— times	— times	— times	— times	— times	— times

My Food Diary

Monday

Breakfast	Coffee
Snack	Biscuit
Lunch	
Snack	
Dinner	Curry
Snack	

Tuesday

Breakfast	Coffee
Snack	
Lunch	
Snack	
Dinner	noddles.
Snack	

Wednesday

Breakfast	Coffee
Snack	
Lunch	
Snack	
Dinner	Bread egg
Snack	

Thursday

Breakfast	Coffee
Snack	
Lunch	
Snack	
Dinner	Bread egg
Snack	

Friday

Breakfast	Coffee
Snack	
Lunch	
Snack	
Dinner	
Snack	

Saturday

Breakfast	Coffee
Snack	
Lunch	
Snack	
Dinner	
Snack	

Sunday

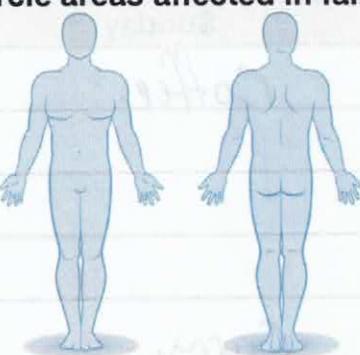
Breakfast	Coffee
Snack	
Lunch	
Snack	
Dinner	Curry.
Snack	

Notes:

Name: Jeetesh Meethoo

Date: 23/07/25

My Riding Diary

Monday	Horses ridden	Falls	Tuesday	Horses ridden	Falls
Trackwork	10		Trackwork	10	
Gallops			Gallops	2	
Jumpouts			Jumpouts		
Trials			Trials		
Races			Races		
Other eg. gym/run			Other eg. gym/run		
Wednesday	Horses ridden	Falls	Thursday	Horses ridden	Falls
Trackwork	10		Trackwork	10	
Gallops			Gallops	2	
Jumpouts			Jumpouts		
Trials			Trials		
Races			Races		
Other eg. gym/run			Other eg. gym/run		
Friday	Horses ridden	Falls	Saturday	Horses ridden	Falls
Trackwork	10		Trackwork	10	
Gallops			Gallops	4	
Jumpouts			Jumpouts		
Trials			Trials		
Races	1		Races		
Other eg. gym/run			Other eg. gym/run		
Sunday	Horses ridden	Falls	Circle areas affected in falls:		
Trackwork					
Gallops					
Jumpouts					
Trials					
Races					
Other eg. gym/run					

Fitness focus: _____

Name: Jima

Date: 25 July 2015

Sleep Diary: Night

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
I took a nap:	Yes / No						
I had caffeine:	No.						
# 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	30	Mins/hrs	1	Mins/hrs	-	Mins/hrs	30 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
In the hour before bed, my activities included: Eg. Reading, computer, TV, showering, phone, eating, spending time with partner					

Showering - Phone. Showering - Phone. Showering - Phone. Showering - Phone. Shower, phone.

Sleep Diary: Morning

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Last night, I went to bed at:						
21:00 AM/PM	23:30 AM/PM	22:00 AM/PM	21:30 AM/PM	23:45 AM/PM	00:45 AM/PM	21:45 AM/PM
This morning, I woke up at:						
4:00 AM/PM	4:00 AM/PM	4:00 AM/PM	4:00 AM/PM	4:00 AM/PM	4:00 AM/PM	7:00 AM/PM
Last night, it took me about ____ mins to fall asleep:						
45 mins	50 mins	35 mins	25 mins	45 mins	60 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	VG / G / A / B / VB
This morning I feel:						
Eg. Refreshed (Ref), Tired (Tir), Groggy (Grog), Alert (Al)						
Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al
My sleep was made more difficult by:						
Eg. Temperature, noise, dreams, thoughts, not feeling tired, discomfort						
Thoughts	Thoughts	Not feeling tired.	thoughts	Not feeling tired.	thoughts	thoughts
During the night, I woke up ____ times:						
— times	— times	— times	— times	— times	— times	— times

My Food Diary

Monday	
Breakfast	Pie.
Snack	Pringles.
Lunch	Kentucky Fried Chicken.
Snack	Muffin.
Dinner	Chicken sandwich.
Snack	-

Tuesday	
Breakfast	Apple protein bar.
Snack	Four biscuits.
Lunch	-
Snack	-
Dinner	Fruit salad.
Snack	-

Wednesday	
Breakfast	Apple.
Snack	Protein Bar.
Lunch	Muesli.
Snack	-
Dinner	Chicken sandwich on toast.
Snack	-

Thursday	
Breakfast	-
Snack	Chips.
Lunch	Burger.
Snack	-
Dinner	Pizza.
Snack	-

Friday	
Breakfast	-
Snack	Krancky Roll.
Lunch	New York sandwich.
Snack	Pringles.
Dinner	McDonalds.
Snack	-

Saturday	
Breakfast	Cereal.
Snack	-
Lunch	Pizza.
Snack	Doritos.
Dinner	Grilled chicken.
Snack	-

Sunday	
Breakfast	-
Snack	Krancky Rolls.
Lunch	Pie.
Snack	Chips.
Dinner	Pizza.
Snack	-

Notes:
- I need to eat healthier.
- Stop eating takeouts.

My Riding Diary

Monday	Horses ridden	Falls
Trackwork	10	-
Gallops	-	-
Jumpouts	-	-
Trials	-	-
Races	-	-
Other eg. gym/run	-	-

Tuesday	Horses ridden	Falls
Trackwork	10	-
Gallops	3	-
Jumpouts	-	-
Trials	1	-
Races	-	-
Other eg. gym/run	-	-

Wednesday	Horses ridden	Falls
Trackwork	7	0
Gallops	0	0
Jumpouts	0	0
Trials	0	0
Races	0	0
Other eg. gym/run		

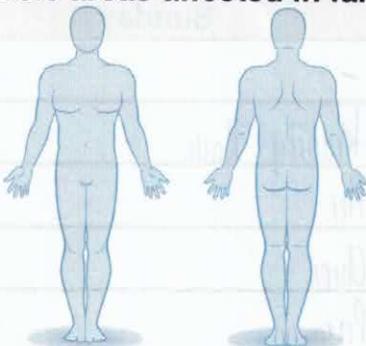
Thursday	Horses ridden	Falls
Trackwork	11	-
Gallops	6	-
Jumpouts	1	-
Trials	-	-
Races	-	-
Other eg. gym/run	-	-

Friday	Horses ridden	Falls
Trackwork	8	-
Gallops	-	-
Jumpouts	-	-
Trials	-	-
Races	-	-
Other eg. gym/run	-	-

Saturday	Horses ridden	Falls
Trackwork	12	-
Gallops	-	-
Jumpouts	-	-
Trials	-	-
Races	-	-
Other eg. gym/run	-	-

Sunday	Horses ridden	Falls
Trackwork	-	-
Gallops	-	-
Jumpouts	-	-
Trials	-	-
Races	-	-
Other eg. gym/run	-	-

Circle areas affected in falls:



Fitness focus: Cardio is average and leg strength.

Name: Lucy

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	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	# of drinks	# of drinks	# of drinks	# of drinks	# of drinks	# of drinks	
Morning	Morning	Morning	Morning	Morning	Morning	Morning	Morning	Morning	Morning	Morning	Morning	Morning	
Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	
Evening	Evening	Evening	Evening	Evening	Evening	Evening	Evening	Evening	Evening	Evening	Evening	Evening	
Today I exercised for _____ minutes:													
Mins/hr	Mins/hr	Mins/hr	Mins/hr	Mins/hr	Mins/hr	Mins/hr	Mins/hr	Mins/hr	Mins/hr	Mins/hr	Mins/hr	Mins/hr	
Medications or drugs I used today:													
Throughout the day, I felt drowsy:													
Never	Never	Sometimes	Sometimes	Sometimes	Sometimes	Never	Never	Sometimes	Sometimes	Sometimes	Never	Never	
Sometimes	Sometimes	Very often	Very often	Very often	Very often	Sometimes	Sometimes	Very often	Very often	Very often	Sometimes	Sometimes	
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	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													

Name: Lucy

Date: _____

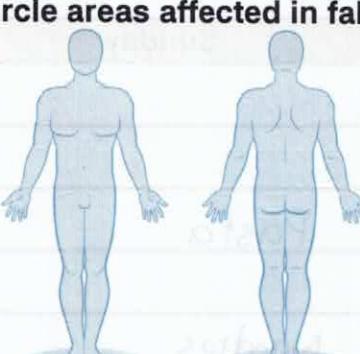
Sleep Diary: Morning

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Last night, I went to bed at:							
AM/PM			AM/PM	AM/PM	AM/PM	AM/PM	AM/PM
This morning, I woke up at:					AM/PM	AM/PM	AM/PM
Last night, it took me about ____ mins to fall asleep:							
mins	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	VG / G / A / B / VB
This morning I feel: Eg. Refreshed (Ref), Tired (Tir), Groggy (Grog), Alert (Al)							
Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al
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	times

My Food Diary

Monday		Tuesday	
Breakfast	/	Breakfast	/
Snack	Chocolate	Snack	
Lunch	Sandwich	Lunch	Sushi
Snack		Snack	Chips
Dinner	Indian	Dinner	Stew
Snack		Snack	Chocolate
Wednesday		Thursday	
Breakfast	/	Breakfast	
Snack	Pork bun	Snack	
Lunch	Sandwich	Lunch	Pasta
Snack	Smoothie bowl	Snack	Chocolate
Dinner	Mc Donalds	Dinner	Pasta
Snack		Snack	
Friday		Saturday	
Breakfast		Breakfast	
Snack		Snack	
Lunch	Burger	Lunch	Sandwich
Snack	Chips	Snack	Smoothie
Dinner	Loaded wedges	Dinner	Chicken Burgahh
Snack		Snack	chips
Sunday		Notes:	
Breakfast			
Snack			
Lunch	Pasta		
Snack			
Dinner	Noodles		
Snack			

My Riding Diary

Monday	Horses ridden	Falls	Tuesday	Horses ridden	Falls
Trackwork	11		Trackwork	6	
Gallops			Gallops		
Jumpouts			Jumpouts		
Trials			Trials	3	
Races			Races		
Other eg. gym/run			Other eg. gym/run		
Wednesday	Horses ridden	Falls	Thursday	Horses ridden	Falls
Trackwork	10		Trackwork	10	
Gallops			Gallops	8	
Jumpouts			Jumpouts		
Trials			Trials		
Races			Races		
Other eg. gym/run			Other eg. gym/run		
Friday	Horses ridden	Falls	Saturday	Horses ridden	Falls
Trackwork	10	1	Trackwork	18	
Gallops			Gallops		
Jumpouts			Jumpouts		
Trials			Trials		
Races			Races		
Other eg. gym/run			Other eg. gym/run		
Sunday	Horses ridden	Falls	Circle areas affected in falls:		
Trackwork					
Gallops					
Jumpouts					
Trials					
Races					
Other eg. gym/run					

Fitness focus: _____

Name: Elise

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	Yes / 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						
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							

Name: Ella

Date: _____

Sleep Diary: Morning

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Last night, I went to bed at:						
AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM
This morning, I woke up at:						
AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM
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
This morning I feel:						
Eg. Refreshed (Ref), Tired (Tir), Groggy (Grog), Alert (Al)						
Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al
My sleep was made more difficult by:						
Eg. Temperature, noise, dreams, thoughts, not feeling tired, discomfort						
times	times	times	times	times	times	times
During the night, I woke up _____ times:						
times	times	times	times	times	times	times



My Food Diary

Monday	
Breakfast	
Snack	
Lunch	
Snack	
Dinner	
Snack	

Tuesday	
Breakfast	Coffee
Snack	
Lunch	Salad bowl
Snack	Chocolate, cupcake milo Chocolate chips cookies
Dinner	fish pie potatoes
Snack	2 pieces of chocolate.

Wednesday	
Breakfast	Say Coffee
Snack	Sausage sandwich
Lunch	Smoothie bowl thing.
Snack	
Dinner	mcdonalds
Snack	Sausage rolls from zd.

Thursday	
Breakfast	
Snack	
Lunch	
Snack	
Dinner	
Snack	

Friday	
Breakfast	
Snack	
Lunch	
Snack	
Dinner	
Snack	

Saturday	
Breakfast	
Snack	
Lunch	
Snack	
Dinner	
Snack	

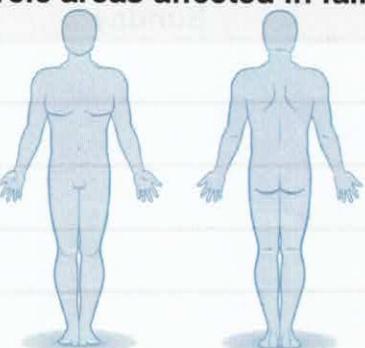
Sunday	
Breakfast	
Snack	
Lunch	
Snack	
Dinner	
Snack	

Notes:	

Name: Elle

Date: 23/July/25

My Riding Diary

Monday	Horses ridden	Falls	Tuesday	Horses ridden	Falls
Trackwork			Trackwork		
Gallops			Gallops		
Jumpouts			Jumpouts		
Trials			Trials		
Races			Races		
Other eg. gym/run			Other eg. gym/run		
Wednesday	Horses ridden	Falls	Thursday	Horses ridden	Falls
Trackwork	6		Trackwork		
Gallops			Gallops		
Jumpouts			Jumpouts		
Trials			Trials		
Races			Races		
Other eg. gym/run	gym		Other eg. gym/run		
Friday	Horses ridden	Falls	Saturday	Horses ridden	Falls
Trackwork			Trackwork		
Gallops			Gallops		
Jumpouts			Jumpouts		
Trials			Trials		
Races			Races		
Other eg. gym/run			Other eg. gym/run		
Sunday	Horses ridden	Falls	Circle areas affected in falls:		
Trackwork					
Gallops					
Jumpouts					
Trials					
Races					
Other eg. gym/run					

Fitness focus: _____

Name: Tori

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	Yes / 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:							
60 Mins/hrs	Mins/hrs	30 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							
phone	phone	phone	phone	phone	phone	phone	phone

Name: Toni'

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	9 AM/PM	9 AM/PM
This morning, I woke up at:						
3:30 AM/PM	3:30 AM/PM	3:30 AM/PM	3:30 AM/PM	3:30 AM/PM	3:30 AM/PM	10:00 AM/PM
Last night, it took me about _____ mins to fall asleep:						
5 mins	5 mins	10 mins	10 mins	10 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	VG /G/A / B / VB
This morning I feel:						
Eg. Refreshed (Ref), Tired (Tir), Groggy (Grog), Alert (Al)						
Ref) Tir / Grog / Al	Ref) Tir / Grog / Al	Ref) Tir / Grog / Al	Ref) Tir / Grog / Al	Ref) Tir / Grog / Al	Ref) Tir / Grog / Al	Ref) Tir / Grog / Al
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
0 times	0 times	0 times	0 times	0 times	0 times	0 times

My Food Diary

Monday

Breakfast	Vagels w/ Peanut Butter
Snack	
Lunch	Ham Wrap.
Snack	
Dinner	Smoked Salmon Salad.
Snack	

Tuesday

Breakfast	Muesli Bar
Snack	
Lunch	Fruit
Snack	Lollies.
Dinner	
Snack	

Wednesday

Breakfast	Scrambled Eggs.
Snack	
Lunch	
Snack	Fruit.
Dinner	Smoked Salmon Salad.
Snack	

Thursday

Breakfast	Muesli Bar.
Snack	
Lunch	Fruit
Snack	Lollies.
Dinner	Honey Soy Chicken & Rice.
Snack	

Friday

Breakfast	Vagels w/ Peanut Butter.
Snack	
Lunch	omelette.
Snack	
Dinner	smoked salmon salad
Snack	

Saturday

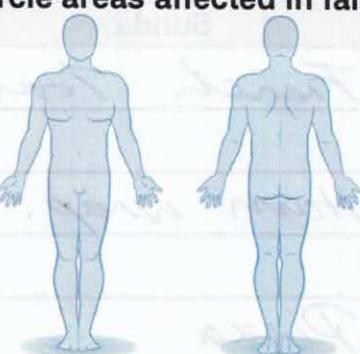
Breakfast	Muesli Bar.
Snack	
Lunch	Pasta Salad.
Snack	
Dinner	Chicken Burgers.
Snack	

Sunday

Breakfast	French Toast
Snack	
Lunch	Ham wrap.
Snack	
Dinner	Pizza
Snack	

Notes:

My Riding Diary

Monday	Horses ridden	Falls	Tuesday	Horses ridden	Falls
Trackwork	5		Trackwork		
Gallops			Gallops		
Jumpouts			Jumpouts		
Trials			Trials		
Races			Races	4	
Other eg. gym/run	Gym		Other eg. gym/run		
Wednesday	Horses ridden	Falls	Thursday	Horses ridden	Falls
Trackwork	5		Trackwork		
Gallops			Gallops		
Jumpouts			Jumpouts		
Trials			Trials		
Races			Races	4	
Other eg. gym/run	Mechanical Horse		Other eg. gym/run		
Friday	Horses ridden	Falls	Saturday	Horses ridden	Falls
Trackwork	6		Trackwork		
Gallops			Gallops		
Jumpouts			Jumpouts		
Trials			Trials		
Races			Races	4	
Other eg. gym/run			Other eg. gym/run		
Sunday	Horses ridden	Falls	Circle areas affected in falls:		
Trackwork					
Gallops					
Jumpouts					
Trials					
Races					
Other eg. gym/run					

Fitness focus: _____