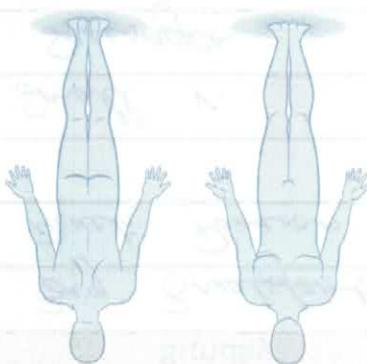


Everyting after a week off

Fitness focus:



Circle areas affected in falls:

Mondays	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
Trackwork	3	6	Gallops	1	2	Jumpsouts	1	2	Trackwork	2	8	Gallops	6	6	Trackwork	6	2	Gallops	2	2
Gallops	1	1	Jumpsouts	1	1	Trials	1	1	Jumpsouts	1	1	Races	2	2	Races	2	2	Other eg. gym/run	2	2
Trials	1	1	Gallops	1	1	Races	1	1	Trials	1	1	Trials	1	1	Trials	1	1	Other eg. gym/run	1	1
Jumpsouts	1	1	Other eg. gym/run	1	1	Other eg. gym/run	1	1	Jumpsouts	1	1	Other eg. gym/run	1	1	Other eg. gym/run	1	1	Other eg. gym/run	1	1
Other eg. gym/run	1	1																		

My Riding Diary

Date: 28/08/2023

Name: Tom

UNIVERSITY OF NEW ZEALAND



CDG

Woolting Thurs/Fri
Race softology.

Notes:

ice cream.
Sausage
Small v.

Snack

Dinner

Lunch

Snack

Breakfast

Big Breakfast

Sunday

Small v + choco bar.
Gold gel.
Burgers & fries.

Saturday

Muesli
Jelly
Muesli.

Snack

Dinner

Lunch

Snack

Breakfast

Small no sugar v.

Friday

Custard with jam.
Chocolate bar.
No sugar v.
Milk & Go.

Blood orange children soup

Snack

Dinner

Lunch

Snack

Breakfast

Large - peanut butter.

Wednesday

Blood orange children soup.

Snack

Dinner

Lunch

Snack

Breakfast

Honey & golden syrup.

Monday

Blood orange children blueberry.

Tuesday

Date: 28/08/2023

Name: Tom

UNIVERSITY OF NEW ZEALAND



Sleep Diary: Morning

Name: Toni
Date: 28/08/2023

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Last night, I went to bed at:						
<u>8:30 AM/PM</u>	<u>8:30 AM/PM</u>	<u>8:00 AM/PM</u>	<u>9:00 AM/PM</u>	<u>9:30 AM/PM</u>	<u>8:30 AM/PM</u>	<u>9:00 AM/PM</u>
This morning, I woke up at:						
<u>3:50 AM/PM</u>	<u>3:50 AM/PM</u>	<u>3:50 AM/PM</u>	<u>3:50 AM/PM</u>	<u>3:50 AM/PM</u>	<u>3:50 AM/PM</u>	<u>7:30 AM/PM</u>
Last night, it took me about ____ mins to fall asleep:						
<u>15</u> mins	<u>15</u> mins	<u>5</u> mins	<u>10</u> mins	<u>15</u> mins	<u>15</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</u> A / B / VB	<u>VG / G/A</u> B / VB	<u>VG / G</u> A / B / VB	<u>VG / G/A</u> B / VB	<u>VG / G/A</u> B / VB	<u>VG / G/A</u> B / VB	<u>VG / G/A</u> B / VB
This morning I feel:						
Eg. Refreshed (Ref), Tired (Tir), Groggy (Grog), Alert (Al)						
<u>Ref</u> Tir / Grog / Al	<u>Ref</u> Tir / Grog / Al	<u>Ref</u> Tir / Grog / Al	<u>Ref</u> / Tir Grog / Al	<u>Ref</u> / Tir / Grog / Al	<u>Ref</u> / Tir / Grog / Al	<u>Ref</u> / Tir / Grog / Al
My sleep was made more difficult by:						
Eg. Temperature, noise, dreams, thoughts, not feeling tired, discomfort						
<u>Thoughts + noise</u>						
During the night, I woke up _____ times:						
<u>2</u> times	<u>0</u> times	<u>0</u> times	<u>1</u> times	<u>0</u> times	<u>0</u> times	<u>3</u> times

Name: Toni

Date: 28/08/2023

Sleep Diary: Night

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

I took a nap:

Yes / No

I had caffeine:

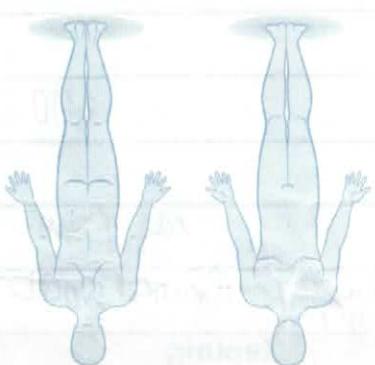
Yes / No

of drinks

Morning

Afternoon

Fitness focus:



Circle areas affected in falls:

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

My Riding Diary

Date: 17.7.23

Name: Lily Sutherland

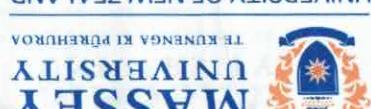
My Food Diary

Date: 13.7.23

Lily Sutherland

Date: 17.7.22

UNIVERSITY OF NEW ZEALAND



Notes:													
Saturday	<table border="1"> <tr> <td>Breakfast</td><td>Muesli bar</td></tr> <tr> <td>Lunch</td><td>Salad</td></tr> <tr> <td>Snack</td><td>Groceries, Chocolates</td></tr> <tr> <td>Dinner</td><td>Pizza</td></tr> <tr> <td>Snack</td><td></td></tr> <tr> <td>Snack</td><td></td></tr> </table>	Breakfast	Muesli bar	Lunch	Salad	Snack	Groceries, Chocolates	Dinner	Pizza	Snack		Snack	
Breakfast	Muesli bar												
Lunch	Salad												
Snack	Groceries, Chocolates												
Dinner	Pizza												
Snack													
Snack													
Thursday	<table border="1"> <tr> <td>Breakfast</td><td>Banana</td></tr> <tr> <td>Lunch</td><td></td></tr> <tr> <td>Snack</td><td>M and Ms</td></tr> <tr> <td>Dinner</td><td>Burgers, chips</td></tr> <tr> <td>Snack</td><td></td></tr> <tr> <td>Snack</td><td></td></tr> </table>	Breakfast	Banana	Lunch		Snack	M and Ms	Dinner	Burgers, chips	Snack		Snack	
Breakfast	Banana												
Lunch													
Snack	M and Ms												
Dinner	Burgers, chips												
Snack													
Snack													
Tuesday	<table border="1"> <tr> <td>Breakfast</td><td>Muesli + Vegetables</td></tr> <tr> <td>Lunch</td><td>Pizza without</td></tr> <tr> <td>Snack</td><td></td></tr> <tr> <td>Dinner</td><td></td></tr> <tr> <td>Snack</td><td></td></tr> <tr> <td>Snack</td><td></td></tr> </table>	Breakfast	Muesli + Vegetables	Lunch	Pizza without	Snack		Dinner		Snack		Snack	
Breakfast	Muesli + Vegetables												
Lunch	Pizza without												
Snack													
Dinner													
Snack													
Snack													

Monday	
Breakfast	Muesli bar
Snack	Sushi
Lunch	Shirley
Dinner	Apple
Snack	Muesli bar
Breakfast	Muesli bar, Sausage, Spaghetti
Tuesday	
Breakfast	Tofu, Sausage, Spaghetti
Snack	Muesli bar
Lunch	Apple
Dinner	
Snack	
Breakfast	
Wednesday	
Breakfast	Apple
Snack	Sausage roll
Lunch	Ginger nut
Dinner	Wheat flakes, Weetabix
Snack	
Breakfast	
Thursday	
Breakfast	Apple
Snack	Sausage roll
Lunch	Ginger nut
Dinner	Wheat flakes, Weetabix
Snack	
Breakfast	
Friday	
Breakfast	Banana
Snack	
Lunch	
Dinner	
Snack	
Breakfast	
Saturday	
Breakfast	
Snack	
Lunch	
Dinner	
Snack	
Breakfast	
Sunday	
Breakfast	Tofu, Sausage, Spaghetti
Snack	Muesli bar
Lunch	Apple
Dinner	
Snack	
Breakfast	

Sleep Diary: Morning

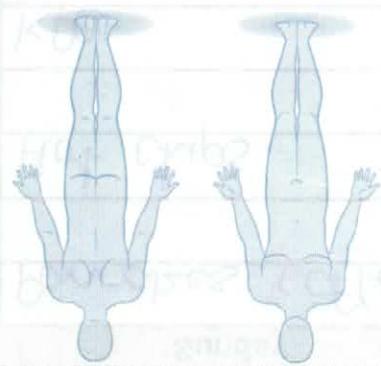
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Last night, I went to bed at:						
9 AM/PM	9 AM/PM	9 AM/PM	9 AM/PM	9 AM/PM	9 AM/PM	10 AM/PM
This morning, I woke up at:						
5 AM/PM	5 AM/PM	5 AM/PM	5 AM/PM	6 AM/PM	5 AM/PM	7 AM/PM
Last night, I slept for:						
8 hrs	8 hrs	6 hrs	6 hrs	8 hrs	8 hrs	9 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:						
1 times	0 times	1 times	0 times	1 times	0 times	0 times

Sleep Diary: Night

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
I took a nap: <input checked="" type="radio"/> Yes / <input type="radio"/> No	I had caffeine: <input checked="" type="radio"/> Yes / <input type="radio"/> No					
# of drinks	1	# of drinks	1	# of drinks	1	# 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:	30 Mins/hrs	30 Mins/hrs	30 Mins/hrs	30 Mins/hrs	30 Mins/hrs	30 Mins/hrs
Medications or drugs I used today:						
Throughout the day, I felt drowsy:	Never	Never	Never	Never	Never	Never
	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
In the hour before bed, my activities included: Eg. Reading, computer, TV, showering, phone, eating, spending time with partner	more, the with housemates					

Fitness focus:

My Riding Diary			
Mondays	Tuesdays	Wednesdays	Thursdays
Falls	Falls	Falls	Falls
8	2	5	5
Gallops	Jumpsouts	Trials	Races
Trackwork	Jumpsouts	Trials	Other eg. gym/run
Trackwork	Gallops	Gallops	Gallops
Trackwork	—	—	10
Fridays	Saturdays	Sundays	Days off.
—	—	—	—
Gallops	Jumpsouts	Trials	Races
Trackwork	Gallops	—	Other eg. gym/run
Trackwork	—	—	5
Other eg. gym/run	Other eg. gym/run	Other eg. gym/run	Other eg. gym/run



Circle areas affected in falls:

My Food Diary

Date: _____

Name: _____

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Sleep Diary: Morning

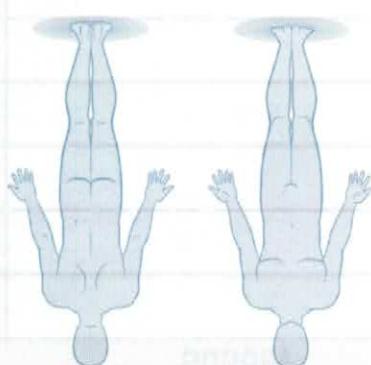
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Last night, I went to bed at:						
AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM
This morning, I woke up at:						
AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM
Last night, I slept for:						
6 hrs	3 hrs	5 hrs	6 hrs	6 hrs	hrs	hrs
Last night, it took me about ____ mins to fall asleep:						
30 mins	2 hrs mins	20 mins	20 mins	10 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
My sleep was made more difficult by:						
Eg. Temperature, noise, dreams, thoughts, not feeling tired, discomfort	thoughts dreams	discomfort	thoughts	Dreams		
During the night, I woke up ____ times:						
3 times	1 times	0 times	0 times	0 times	times	times

Name: _____
Date: _____

Sleep Diary: Night

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
I took a nap:	Yes / <input checked="" type="radio"/> No	Yes / <input type="radio"/> No	Yes / <input type="radio"/> No	Yes / <input type="radio"/> No	Yes / <input type="radio"/> No	Yes / <input type="radio"/> No	Yes / <input type="radio"/> No
I had caffeine:	1 # 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:	2 Mins/ <input type="radio"/> hrs	4 Mins/ <input type="radio"/> hrs	5 Mins/ <input type="radio"/> hrs	5 Mins/ <input type="radio"/> hrs	6 Mins/ <input type="radio"/> hrs	5 Mins/ <input type="radio"/> hrs	— Mins/ <input type="radio"/> 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 / <input type="radio"/> Neg / <input checked="" type="radio"/> Neu	Pos / <input type="radio"/> Neg / <input checked="" type="radio"/> Neu	Pos / <input type="radio"/> Neg / <input checked="" type="radio"/> Neu	Pos / <input type="radio"/> Neg / <input checked="" type="radio"/> Neu	Pos / <input type="radio"/> Neg / <input checked="" type="radio"/> Neu	Pos / <input type="radio"/> Neg / <input checked="" type="radio"/> Neu	Pos / <input type="radio"/> 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/eating	Phone	ecting	Phone	TV.	Phone, TV	Partner.

Fitness focus:



Circle areas affected in falls:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Trackwork	15	-	15	15	16	15
Gallops						
Jumpsouts						
Trials						
Races						
Other eg. gym/run						
Monday	Horses ridden	Falls	Horses ridden	Falls	Saturday	Falls
Trackwork	15		15	15	16	15
Gallops						
Jumpsouts						
Trials						
Races						
Other eg. gym/run						
Tuesday	Horses ridden	Falls	Horses ridden	Falls	Thursday	Falls
Trackwork	15		15	15	15	15
Gallops						
Jumpsouts						
Trials						
Races						
Other eg. gym/run						
Wednesday	Horses ridden	Falls	Horses ridden	Falls	Friday	Falls
Trackwork	15		15	15	16	15
Gallops						
Jumpsouts						
Trials						
Races						
Other eg. gym/run						
Thursday	Horses ridden	Falls	Horses ridden	Falls	Saturday	Falls
Trackwork	15		15	15	16	15
Gallops						
Jumpsouts						
Trials						
Races						
Other eg. gym/run						
Friday	Horses ridden	Falls	Horses ridden	Falls	Saturday	Falls
Trackwork	15		15	15	16	15
Gallops						
Jumpsouts						
Trials						
Races						
Other eg. gym/run						
Saturday	Horses ridden	Falls	Horses ridden	Falls	Sunday	Falls
Trackwork	15		15	15	16	15
Gallops						
Jumpsouts						
Trials						
Races						
Other eg. gym/run						
Sunday	Horses ridden	Falls	Horses ridden	Falls	Saturday	Falls
Trackwork	15		15	15	16	15
Gallops						
Jumpsouts						
Trials						
Races						
Other eg. gym/run						

My Riding Diary

Date: 16/10/23

Name: Lynn Douglas

UNIVERSITY OF NEW ZEALAND

THE KUNENGARI PURCHASE





Mondays

My Food Diary

Date:

Name:

UNIVERSITY OF NEW ZEALAND

TE KŪNENGĀ KI PĀRHEURUA



Tuesdays

Breakfast: Choclate, veg

Lunch: Eggs

Snack: Choclate

Dinner: Eggs

Snack: Choclate

Breakfast: Choclate, veg

Lunch: Eggs

Snack: Choclate

Dinner: Eggs

Snack: Choclate

Saturdays

Breakfast: Eggs

Lunch: Snack

Snack: Choclate

Dinner: Eggs

Snack: Choclate

Breakfast: Choclate, veg

Lunch: Snack

Snack: Choclate

Dinner: Eggs

Snack: Choclate

Breakfast: Choclate, veg

Lunch: Snack

Snack: Choclate

Dinner: Eggs

Snack: Choclate

Breakfast: Choclate, veg

Lunch: Snack

Snack: Choclate

Dinner: Eggs

Snack: Choclate

Sundays

Breakfast: Snack

Lunch: Snack

Snack: Choclate

Dinner: Eggs

Snack: Choclate

Breakfast: Snack

Lunch: Snack

Snack: Choclate

Dinner: Eggs

Snack: Choclate

Breakfast: Snack

Lunch: Snack

Snack: Choclate

Dinner: Eggs

Snack: Choclate

Fridays

Breakfast: Snack

Lunch: Snack

Snack: Choclate

Dinner: Eggs

Snack: Choclate

Breakfast: Snack

Lunch: Snack

Snack: Choclate

Dinner: Eggs

Snack: Choclate

Notes:



Sleep Diary: Morning

Name: _____

Date: _____

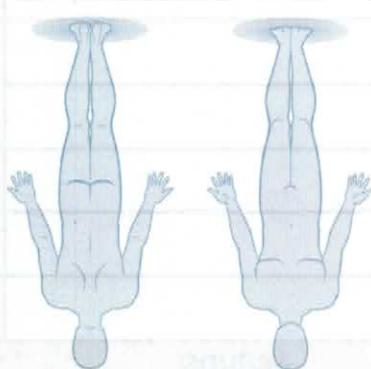
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM
Last night, I went to bed at:						
AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM
This morning, I woke up at:						
AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM
Last night, it took me about ____ mins to fall asleep:						
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						
During the night, I woke up ____ times:						
times	times	times	times	times	times	times

Name: Oliver
Date: 16/10/13

Sleep Diary: Night

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
I took a nap:							
Yes / <input type="checkbox"/> No	Yes / <input type="checkbox"/> No	(Yes) / No	Yes / <input type="checkbox"/> No	(Yes) / No	Yes / <input type="checkbox"/> No	Yes / <input type="checkbox"/> No	Yes / <input type="checkbox"/> 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							

Fitness focus:



Circle areas affected in falls:

Monday	Tuesday	Wednesday	Thursday	Friday
Trackwork	Trackwork	Trackwork	Trackwork	Trackwork
Gallops	Gallops	Gallops	Gallops	Gallops
Trials	7	10	10	10
Jumpsouts	4	4	4	4
Gallops	8	8	8	8
Trackwork	10	10	10	10
Horses ridden	Falls	Falls	Falls	Falls
Other eg. gym/run	1	1	1	1
Races				
Trials				
Jumpsouts				
Gallops				
Trackwork				
Horses ridden				
Other eg. gym/run				
Races				
Trials				
Jumpsouts				
Gallops				
Trackwork				
Horses ridden				
Other eg. gym/run				
Races				
Trials				
Jumpsouts				
Gallops				
Trackwork				
Horses ridden				
Other eg. gym/run				

My Riding Diary

Date: _____

Name: Liam Kauri



Monday

My Food Diary

Date:

Name:

UNIVERSITY OF NEW ZEALAND

TE KŪNENGĀ KI PŪREHURUA

MASSEY
UNIVERSITY

Saturday

Friday

Wednesday

Thursday

Sunday

Notes:

Breakfast	
Snack	
Lunch	
Snack	
Dinner	
Snack	
Breakfast	

Breakfast	
Snack	
Lunch	
Snack	
Dinner	
Snack	
Breakfast	

Breakfast	
Snack	
Lunch	
Snack	
Dinner	
Snack	
Breakfast	

Breakfast	
Snack	
Lunch	
Snack	
Dinner	
Snack	
Breakfast	



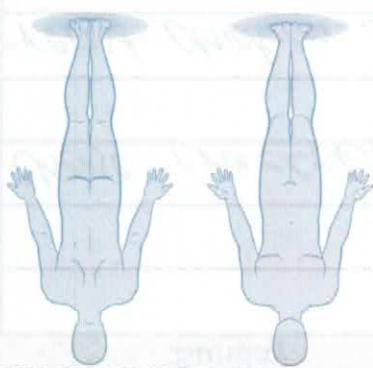
Sleep Diary: Morning

Name: _____
Date: _____

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, 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

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



Circle areas affected in falls:

My Riding Diary

Date: _____

Name: Ciela



Name: _____
Date: _____

Sleep Diary: Morning

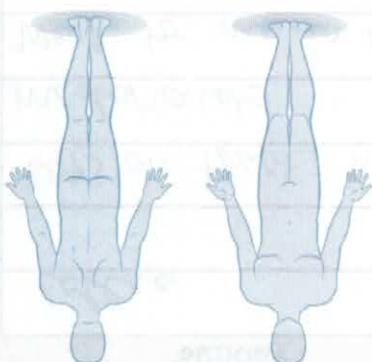
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM
Last night, I went to bed at: <u>9</u>		<u>9</u>	<u>9</u>	<u>10</u>	<u>10</u>	<u>10</u>
This morning, I woke up at: <u>5</u> <u>4</u>	<u>5</u> <u>4</u>	<u>5</u> <u>4</u>	<u>5</u> <u>4</u>	<u>5</u> <u>4</u> <u>8</u>	<u>6</u>	<u>6</u>
AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM
Last night, it took me about <u>10</u> 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
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						
+ O	<u>much</u>	<u>more</u>	<u>worse</u>			
During the night, I woke up <u>times</u> times:	<u>times</u>	<u>times</u>	<u>times</u>	<u>times</u>	<u>times</u>	<u>times</u>
times	times	times	times	times	times	times

Name: _____
Date: _____

Sleep Diary: Night

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
I took a nap:	Yes / <input checked="" type="radio"/>	Yes / <input type="radio"/>	Yes / <input type="radio"/>	Yes / <input type="radio"/>	Yes / <input type="radio"/>	Yes / <input type="radio"/>	Yes / <input type="radio"/>
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:	8 Mins/ <input checked="" type="radio"/>	8 Mins/ <input type="radio"/>	5 Mins/ <input type="radio"/>	10 Mins/ <input type="radio"/>	5 Mins/ <input type="radio"/>	3 Mins/ <input type="radio"/>	0 Mins/ <input type="radio"/>
Medications or drugs I used today:	—	—	—	—	—	—	—
Throughout the day, I felt drowsy:	Never	Never	Never	Never	Never	Never	Never
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:	Never	Sometimes	Sometimes	Sometimes	Very often	Very often	Very often
E.g. Positive (Pos), Negative (Neg), Neutral (Neu)	Pos / <input checked="" type="radio"/>	Pos / <input type="radio"/>	Pos / <input type="radio"/>	Pos / <input type="radio"/>	(Pos) Pos	Neg / Neu	(Pos) Neg / Neu
Pos / <input type="radio"/>	Pos / <input type="radio"/>	Pos / <input type="radio"/>	Pos / <input type="radio"/>	Pos / <input type="radio"/>	(Pos) Pos	Neg / Neu	(Pos) Neg / Neu
In the hour before bed, my activities included:							
E.g. Reading, computer, TV, showering, (phone), eating, spending time with partner							

Fitness focus:



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
Trackwork	8	3	Gallops	6	—	Gallops	—	8	Trackwork	8	—	Gallops	—	—	Trackwork	8	—
Jumpsouts	—	6	Trials	—	—	Jumpsouts	—	—	Trials	—	—	Jumpsouts	—	—	Trials	—	—
Gallops	—	—															
Trials	—	—															
Races	—	—															
Other eg. gym/run	✓	—															

My Riding Diary

Date:

Name: Elle

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TE KŪNENGA KI PĀRHERUOA



My Food Diary

Date: _____

• 616

Name: Eric

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Notes:	
Snack	fruit
Dinner	chips sandwich
Snack	cheese
Lunch	water cut for breakfas
Snack	water cut for breakfas
Breakfast	water cut for breakfas
Saturday	
Snack	pot chips vegetables
Dinner	eggs in a nest
Snack	cheese
Lunch	mandarin up & go
Breakfast	coffee
Thursday	
Snack	potato, vegetables chicken
Dinner	sandwich
Snack	eggs & sausage
Lunch	eggs & sandwich
Breakfast	coffee
Tuesday	

Monday	
Breakfast	eggs on toast coffee
Snack	Madeleine
Lunch	eggs on toast
Dinner	Museli bar
Snack	Starch, broccoli:
Breakfast	Coffee
Tuesday	
Breakfast	coffee
Snack	Madeleine
Lunch	eggs on toast
Dinner	Museli bar
Snack	Starch, broccoli:
Breakfast	Coffee
Wednesday	
Breakfast	coffee
Snack	Madeleine
Lunch	eggs on toast
Dinner	Museli bar
Snack	Starch, broccoli:
Breakfast	Coffee
Thursday	
Breakfast	coffee
Snack	Madeleine
Lunch	eggs with berries toast
Dinner	Chips
Snack	Mince Stew
Lunch	eggs with berries toast
Breakfast	Coffee
Friday	
Breakfast	Coffee
Snack	
Lunch	eggs with berries toast
Dinner	Yogurt
Snack	Potatoe with vegetables
Breakfast	Coffee
Saturday	
Breakfast	Coffee
Snack	
Lunch	eggs, whole grains
Dinner	Hogwart
Snack	Potatoe with vegetables
Breakfast	Coffee
Sunday	
Breakfast	Coffee
Snack	
Lunch	eggs, whole grains
Dinner	Hogwart
Snack	Potatoe with vegetables
Breakfast	Coffee



Sleep Diary: Morning

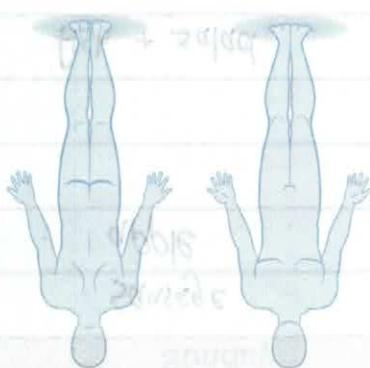
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Last night, I went to bed at:						
9:30 AM/PM	10:00 AM/PM	9:30 AM/PM	9:00 AM/PM	10:00 AM/PM	9:30 AM/PM	10:00 AM/PM
This morning, I woke up at:						
3:30 AM/PM	4:30 AM/PM	3:30 AM/PM	4:30 AM/PM	4:30 AM/PM	3:30 AM/PM	6:00 AM/PM
Last night, it took me about ____ mins to fall asleep:						
330 mins	5 mins	5 mins	5 mins	5 mins	10 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						
		discomfort.		discomfort.	not tired.	
During the night, I woke up ____ times:						
○ times	○ times	○ times	○ times	○ times	○ times	1 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	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	Mins/hrs	Mins/hrs	Mins/hrs	Mins/hrs	Mins/hrs	Mins/hrs	Mins/hrs
Medications or drugs I used today:							
Allergy	Allergy	Allergy	Allergy	Allergy	Allergy	Allergy	Allergy
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							
+ V Showering	+ V Showering	+ V Showering	+ V Showering	+ V Showering	+ V Showering	+ V Showering	+ V Showering

Fitness focus:



Circle areas affected in falls:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Horses ridden	Falls	
Trackwork	10	10	10	12	12	Horses ridden	Falls	
Gallops	14	14	14	15	15	Gallops	Falls	
Jumpsouts	13	13	13	13	13	Jumpsouts	Falls	
Trials	8	8	8	8	8	Trials	Falls	
Races	Run	Run	Run	Run	Run	Races	Falls	
Other eg. gym/run	Run	Run	Run	Run	Run	Other eg. gym/run	Falls	
Sunday						Horses ridden	Falls	

MY R...g Diary

Date: 9.10.23

Name: Liy Shulerland

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TE KŪNENGĀ RI PŪRHEURĀ





Notes:	
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Snack	
Dinner	Fish + salad
Snack	
Lunch	
Snack	apple
Breakfast	sausage
Sunday	

Saturday	
Snack	
Dinner	pizza
Snack	fruit
Lunch	Sandwich
Breakfast	Muesli bar

Snack	
Dinner	Salad
Snack	apple
Lunch	
Snack	
Breakfast	Pie
Friday	

Thursday	
Snack	
Dinner	Fish
Snack	Choc cake
Lunch	Sabed sandwich
Breakfast	Muesli bar
Wednesday	

Snack	
Dinner	Wap - chicken salad
Snack	
Lunch	yoghurt
Snack	
Breakfast	Muesli bar
Wednesday	

Tuesday	
Snack	
Dinner	Chicken and veges
Snack	
Lunch	Waf - beef
Snack	Crackies
Breakfast	Muesli bar
Monday	

Snack	
Dinner	Shirfy
Snack	apple
Lunch	
Snack	
Breakfast	sausage roll
Monday	

My Food Diary

Date: 9.10.23
Name: Liy Suthileka

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TE KŪNEANGA KI PŪREHUROA

UNIVERSITY OF NEW ZEALAND

TE KŪNEANGA KI PŪREHUROA





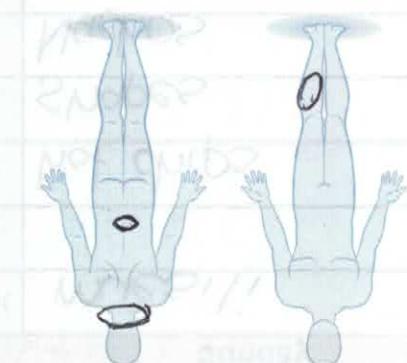
Sleep Diary: Morning

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Last night, I went to bed at:						
10 AM/PM	9 AM/PM	9 AM/PM	9 AM/PM	9 AM/PM	9 AM/PM	10.30 AM/PM
This morning, I woke up at:						
5 AM/PM	5 AM/PM	5 AM/PM	5 AM/PM	5 AM/PM	5 AM/PM	7.30 AM/PM
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 / <u>G</u> / A / B / VB	VG / <u>G</u> / A / B / VB	VG / <u>G</u> / A / B / VB	VG / <u>G</u> / A / B / VB	VG / <u>G</u> / A / B / VB	VG / <u>G</u> / A / B / VB	VG / <u>G</u> / A / B / VB
This morning I feel:						
Eg. Refreshed (Ref), Tired (Tir), Groggy (Grog), Alert (Al)						
Ref / Tir / Grog / <u>Al</u>	Ref / Tir / Grog / <u>Al</u>	Ref / Tir / Grog / <u>Al</u>	Ref / Tir / Grog / <u>Al</u>	Ref / Tir / Grog / <u>Al</u>	Ref / Tir / Grog / <u>Al</u>	Ref / Tir / Grog / <u>Al</u>
My sleep was made more difficult by:						
Eg. Temperature, noise, dreams, thoughts, not feeling tired, discomfort						
10 times	times	times	times	times	times	times

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	40 Mins/hrs	30 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						
Phone, eating, TV						
Spend time with people						

Fitness focus:



Circle areas affected in falls:

Mondays	Horses ridden	Falls	Tuesday	Horses ridden	Falls	Wednesday	Horses ridden	Falls	Thursday	Horses ridden	Falls	Friday	Horses ridden	Falls	Sunday	Horses ridden	Falls
Trials			Jumpsouts			Gallops			Trackwork			Gallops			Jumpsouts		
Races			Races			Races			Races			Races			Races		
Other eg. gym/run			Other eg. gym/run			Other eg. gym/run			Other eg. gym/run			Other eg. gym/run			Other eg. gym/run		

My Riding Diary

Date:

Name: Terryla Gleave

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TE KŪNENGĀ NI PŪREHURUA



UNIVERSITY
TE KŪNENGĀ NI PŪREHURUA

Monday		
Breakfast	Coffee	
Lunch	Tuna & crackers	
Snack	Fruit tea	
Dinner	Home made burgers	
Snack	Coffee	
Lunch	Noodles & cabbage	
Snack	Coffee	
Breakfast	Coffee	
Tuesday		
Breakfast	Coffee	
Lunch	Tuna & crackers	
Snack	Fruit tea	
Dinner	Home made burgers	
Snack	Coffee	
Lunch	Noodles & cabbage	
Snack	Coffee	
Breakfast	Coffee	
Wednesday		
Breakfast	Coffee	
Lunch	Tuna & crackers	
Snack	Fruit tea	
Dinner	Home made burgers	
Snack	Coffee	
Lunch	Noodles & cabbage	
Snack	Coffee	
Breakfast	Coffee	
Thursday		
Breakfast	Coffee	
Lunch	Sandwich	
Snack	Coffee	
Dinner	Chicken fried rice	
Snack	Coffee	
Lunch	Steak, mushrooms, chips	
Snack	Fruit tea	
Dinner	Steak, mushrooms, chips	
Snack	Coffee	
Friday		
Breakfast	Coffee	
Lunch	Tuna & crackers	
Snack	Fruit tea	
Dinner	Steak, mushrooms, chips	
Snack	Coffee	
Lunch	Chicken fried rice	
Snack	Coffee	
Dinner	Lamb chops, machi	
Snack	Coffee	
Saturday		
Breakfast	Muffin M'Panda's	
Lunch	Seaweed, burger king	
Snack	Coffee	
Dinner	Wok up	
Snack	Coffee	
Sunday		
Breakfast	Muesli	
Lunch	Hot chips	
Snack	Coffee	
Dinner	Shapes	
Snack	Coffee	
Lunch	Nachos	
Snack	Coffee	

My Food Diary

Date: _____

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Sleep Diary: Morning

Name: _____

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:	10 mins	10 mins	30 mins	5 mins	5 mins	30 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
This morning I feel:						
Eg. Refreshed (Ref), Tired (Tir), Groggy (Grog), Alert (Al)	Ref / Tir / Grog / Al					
My sleep was made more difficult by:						
Eg. Temperature, noise, dreams, thoughts, not feeling tired, discomfort	Dreams	Dreams	not feeling tired	discomfort	discomfort	discomfort
During the night, I woke up _____ times:	1 times	2 times	0 times	5 times	2 times	0 times

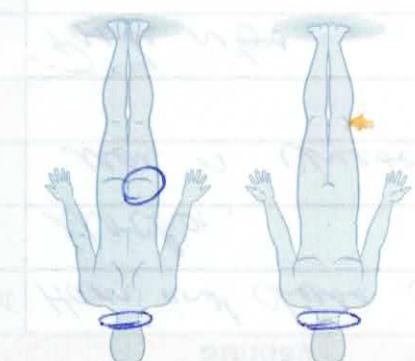
Name: Tonyia Tawera

Date: _____

Sleep Diary: Night

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
I took a nap:	Yes <input checked="" type="radio"/>	Yes <input type="radio"/>	Yes <input type="radio"/>	Yes <input type="radio"/>	Yes <input type="radio"/>	Yes <input checked="" type="radio"/>	Yes / No <input type="radio"/>
I had caffeine:	Yes <input type="radio"/>	Yes <input type="radio"/>	Yes <input type="radio"/>	Yes <input type="radio"/>	Yes <input type="radio"/>	Yes <input checked="" type="radio"/>	No <input type="radio"/>
1 # of drinks	1 # of drinks	1 # of drinks	1 # of drinks	1 # of drinks	1 # of drinks	1 # of drinks	1 # 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:	1 Mins/hrs	1 Mins/hrs	1 Mins/hrs	1 Mins/hrs	1 Mins/hrs	1 Mins/hrs	1 Mins/hrs
Medications or drugs I used today:	Pseudo/Codeine "11" 11 11 11						
Throughout the day, I felt drowsy:	Never <input checked="" type="radio"/>	Never <input type="radio"/>	Never <input type="radio"/>	Never <input type="radio"/>	Never <input type="radio"/>	Never <input type="radio"/>	Never <input type="radio"/>
Never <input checked="" type="radio"/>	Sometimes <input type="radio"/>	Sometimes <input type="radio"/>	Sometimes <input type="radio"/>	Sometimes <input type="radio"/>	Sometimes <input type="radio"/>	Sometimes <input type="radio"/>	Sometimes <input type="radio"/>
Sometimes <input type="radio"/>	Very often <input type="radio"/>	Very often <input type="radio"/>	Very often <input type="radio"/>	Very often <input type="radio"/>	Very often <input type="radio"/>	Very often <input type="radio"/>	Very often <input type="radio"/>
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	Pos / Neg Neu
In the hour before bed, my activities included: Eg. Reading, computer, TV, showering, phone, eating, spending time with partner	Phone, TV, Partner	" "	" "	" "	eating, TV, Partner	eating, TV, Partner	eating, TV, Partner

Fitness focus:



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
Trackwork	1	2	Gallops	3	—	Trials	—	—	Jumpsouts	—	—	Gallops	—	—	Trackwork	6	—	Gallops	—	—
Gallops	—	—	Jumpsouts	—	—	Races	—	—	Trials	—	—	Jumpsouts	—	—	Races	—	—	Other eg. gym/run	—	—
Trials	—	—	Trials	—	—	Trials	—	—	Jumpsouts	—	—	Trials	—	—	Trials	—	—	Other eg. gym/run	—	—
Jumpsouts	—	—	Gallops	—	—	Other eg. gym/run	—	—												
Races	—	—	Other eg. gym/run	—	—															
Other eg. gym/run	—	—																		

My Riding Diary

UNIVERSITY OF NEW ZEALAND

Name: *Afghan*Date: *09/10/23*



CDU

Notes:

soup
hotdog buns

Scrambled Eggs
Flat white

Saturday

Thursday

Tuesday

Name: <i>Afion</i>	Date: <i>09/10/23</i>

Sunday

Friday

Wednesday

My Food Diary

UNIVERSITY OF NEW ZEALAND

TE KŪNENGA RI PIRHEHURORĀ



UNIVERSITY OF NEW ZEALAND

TE KŪNENGA RI PIRHEHURORĀ

Name: Honi
Date: 09/10/23

Sleep Diary: Morning

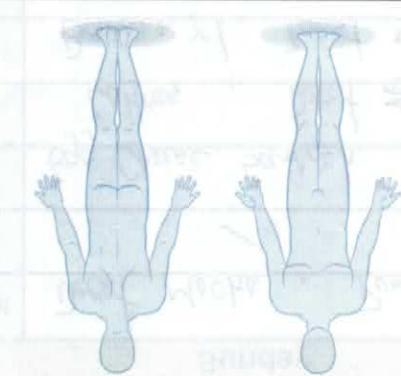
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Last night, I went to bed at:							
9:30 AM/PM	8:30 AM/PM	9:00 AM/PM	9:00 AM/PM	9:30 AM/PM	9:00 AM/PM	10:00 AM/PM	10:00 AM/PM
This morning, I woke up at:							
4:00 AM/PM	4:00 AM/PM	4:00 AM/PM	4:00 AM/PM	4:00 AM/PM	4:00 AM/PM	8:00 AM/PM	8:00 AM/PM
Last night, it took me about <u>5</u> mins to fall asleep:	<u>5</u> 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							
Thoughts	Thoughts	Pain.	Thoughts	—	—	—	—
During the night, I woke up <u>2</u> times:	<u>2</u> times	<u>2</u> times	<u>4</u> times	<u>1</u> times	<u>0</u> times	<u>0</u> times	<u>0</u> times

Name: Jenny
Date: 09/10/23

Sleep Diary: Night

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
I took a nap:	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"/>
I had caffeine:	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"/>
# of drinks	1	1	1	1	1	1	2
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:	140 Mins/hrs	200 Mins/hrs	140 Mins/hrs	200 Mins/hrs	140 Mins/hrs	120 Mins/hrs	0 Mins/hrs
Medications or drugs I used today:	<i>Nyngfex</i>	<i>Isuprel</i>	<i>sandax tablets</i>				
Throughout the day, I felt drowsy:	Never <input checked="" type="radio"/>	Never <input checked="" type="radio"/>	Never <input checked="" type="radio"/>	Never <input checked="" type="radio"/>	Never <input checked="" type="radio"/>	Never <input checked="" type="radio"/>	Never <input checked="" type="radio"/>
Never <input checked="" type="radio"/>	Sometimes <input checked="" type="radio"/>	Sometimes <input checked="" type="radio"/>	Sometimes <input checked="" type="radio"/>	Sometimes <input checked="" type="radio"/>	Sometimes <input checked="" type="radio"/>	Sometimes <input checked="" type="radio"/>	Sometimes <input checked="" type="radio"/>
Sometimes <input checked="" type="radio"/>	Very often <input checked="" type="radio"/>	Very often <input checked="" type="radio"/>	Very often <input checked="" type="radio"/>	Very often <input checked="" type="radio"/>	Very often <input checked="" type="radio"/>	Very often <input checked="" type="radio"/>	Very often <input checked="" type="radio"/>
Overall, my mood today was:	Never <input checked="" type="radio"/>	Sometimes <input checked="" type="radio"/>	Sometimes <input checked="" type="radio"/>	Sometimes <input checked="" type="radio"/>	Sometimes <input checked="" type="radio"/>	Sometimes <input checked="" type="radio"/>	Sometimes <input checked="" type="radio"/>
Eg. Positive (Pos), Negative (Neg), Neutral (Neu)	Pos / Neg <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"/>	Pos / Neg / Neu <input checked="" type="radio"/>	Pos / Neg / Neu <input checked="" type="radio"/>	Pos / Neg / Neu <input checked="" type="radio"/>
In the hour before bed, my activities included:	Reading, computer, TV, showering, phone, eating, spending time with partner	Showering, phone.	Computer, phone.	Phone	Phone	Phone	Phone

Fitness focus: Get More Sleep



Circle areas affected in falls:

Sunday	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	9	
Other eg. gym/run		

Wednesday	Horses ridden	Falls

Other eg. gym/run		
Races	5	
Trials		
Jumpsouts		
Gallops		
Trackwork	7	
Other eg. gym/run		

Monday	Horses ridden	Falls

Other eg. gym/run		
Races		
Trials		
Jumpsouts		
Gallops		
Trackwork	10	
Other eg. gym/run		

My Riding Diary

Date: 9/10/2023
Name: Jim Cheung

UNIVERSITY OF NEW ZEALAND

TE KUNENGĀ KI PIRIKIRUA





Monday

Name: Jim Cheung
Date: 9/15/2023

My Food Diary

UNIVERSITY OF NEW ZEALAND

TE KŪNUENGĀ RI PŪREHURUA



Tuesday

Breakfast	Tea + 8. Banana + Milk Tea
Snack	Biscuit x3
Lunch	Banana x2
Snack	Choco Latte
Dinner	Noodle & Fish
Snack	/
Breakfast	Avocado x1, Banana x2, Avocado x1, Milk Tea
Snack	Ham & Cheese Tarts
Lunch	Eggs Salad & Cheese Sandwich
Snack	Biscuit x3
Dinner	Ham & Cheese Tarts, Cola
Snack	Hot Chocolate
Breakfast	Avocado x1, Banana x1, Bread x3
Snack	Choco Latte
Lunch	Ham & Cheese Tarts
Snack	Eggs Salad & Cheese Sandwich
Dinner	Ham & Cheese Tarts, Cola
Snack	Hot Chocolate (Dinner)
Breakfast	Banana x2, Avocado x1, Milk Tea
Snack	Lollies
Lunch	Eggs Salad & Cheese Sandwich
Snack	Banana Tarts + Dried Coffee
Dinner	Middle & Fish
Snack	Marsmallows
Breakfast	Banana x2, Muffin x2, Milk Tea
Snack	Cookies x2
Lunch	Banana Tarts + Dried Coffee
Snack	Sausage Roll
Dinner	Lollies + Milk Tea
Snack	Plk Ribs, Mac n' Cheese, Cheese Chips
Breakfast	Banana Tarts
Snack	/

Saturday

Breakfast	Banana Tarts
Snack	Cookies x2
Lunch	Banana Tarts + Dried Coffee
Snack	Sausage Roll
Dinner	Lollies + Milk Tea
Snack	Plk Ribs, Mac n' Cheese, Cheese Chips
Breakfast	Banana Tarts
Snack	/

Notes:

Sunday	
Snack	Biscuit
Dinner	Banana x1, Teas + x2
Snack	Lollies, Dried coffee
Lunch	Egg Cheese Sandwich
Snack	/
Breakfast	Decaf Mocha, Plumkin Sausage

Sunday

Friday	
Snack	Marsmallows
Dinner	Middle & Fish
Snack	Banana + Tea + Marshmallows
Lunch	Banana Tarts + Dried Coffee
Snack	Cookies x2
Breakfast	Banana x2, Muffin x2, Milk Tea
Snack	Banana Tarts + Dried Coffee
Lunch	Banana + Tea + Milk Tea
Snack	Lollies + Milk Tea
Dinner	Plk Ribs, Mac n' Cheese, Cheese Chips
Snack	/

Friday

Wednesday	
Snack	Hot Chocolate
Dinner	Ham & Cheese Tarts, Cola
Snack	Biscuit x3
Lunch	Ham & Cheese Tarts
Snack	Eggs Salad & Cheese Sandwich
Dinner	Ham & Cheese Tarts, Cola
Snack	Choco Latte
Breakfast	Avocado x1, Banana x1, Bread x3
Snack	/

Wednesday

Tuesday	
Snack	Noodle & Fish
Lunch	Banana x2
Snack	Choco Latte
Dinner	Noodle & Fish
Snack	/
Breakfast	Tea + 8. Banana + Milk Tea
Snack	Biscuit x3
Lunch	Banana x2 & Biscuit x3
Snack	Coffee x2
Dinner	Noodle & Fish
Snack	/

Tuesday



Sleep Diary: Morning

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
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Last night, I went to bed at:

8:30 AM/PM 6:30 AM/PM 8 AM/PM 9:45 AM/PM 8:30 AM/PM 9 AM/PM 10:30 AM/PM

This morning, I woke up at:

4 AM/PM 4:30 AM/PM 4 AM/PM 4 AM/PM 4 AM/PM 4 AM/PM 8 AM/PM

Last night, I slept for:

8 hrs 9.5 hrs 8 hrs 6 hrs 7.5 hrs 7 hrs 9 hrs

Last night, it took me about ____ mins to fall asleep:

15 mins 15 mins 15 mins 10 mins 15 mins 20 mins 30 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) / 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 2 times

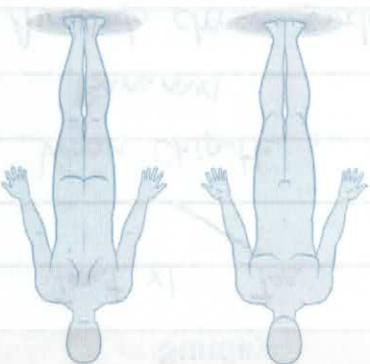
Sleep Diary: Night

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
I took a nap:	Yes / No						
I had caffeine:							
# of drinks	1	2	3	4	5	6	7
Morning	✓	✓	✓	✓	✓	✓	✓
Afternoon							
Evening							
Today I exercised for _____ minutes:							
Mins/hrs							
Medications or drugs I used today:							
Mins/hrs							
Throughout the day, I felt drowsy:							
Never	✓	✓	✓	✓	✓	✓	✓
Sometimes							
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

My Riding Diary

Name: Tim Chung
Date: 20/11/2023

Fitness focus: Get more sleep			
Mondays	Horses ridden	Falls	Tuesdays
Trackwork			3
Gallops			2
Jumpsouts			6
Trials			3
Races			3
Other eg. gym/run			
Wednesday	Horses ridden	Falls	Thursday
Trackwork	4	4	9
Gallops	1	1	2
Jumpsouts			
Trials			
Races			
Other eg. gym/run			
Friday	Horses ridden	Falls	Saturday
Trackwork	9	9	5
Gallops			
Jumpsouts			
Trials			
Races			
Other eg. gym/run			
Sunday	Horses ridden	Falls	Circles areas affected in falls:
Trackwork			
Gallops			
Jumpsouts			
Trials			
Races			
Other eg. gym/run			



Get more sleep



P. 1 main course at each meal , 3 per day
 C. 2-3 per day , (whole grain)
 f. 5+ per day
 Notes:

Sunday	
Snack	Avocado cheese sandwich
Dinner	Bacon meat
Lunch	Vegan chips , Half chocolate
Snack	Tea
Breakfast	Toast x1 , Tea

Saturday	
Snack	Sushi , Half chocolate
Dinner	Latta (flat) , Avocado cheese sandwich
Snack	Banana x2 , Milk Tea
Lunch	Sandwich , Tea
Snack	Candies x5
Breakfast	Sandwich x1 , Banana x2 , Tea

Friday	
Snack	Beer x1
Dinner	Avocado x2 , Toast x1
Snack	Banana x2
Lunch	Choclate
Snack	Fish & Rice , Milk Tea
Breakfast	Fish , Rice & Milk Tea

Thursday	
Snack	Fish & Rice
Dinner	Choclate
Snack	Toast x2
Lunch	Fish & Rice , Tea
Snack	Choclate
Breakfast	Fish & Rice , Milk Tea

Wednesday	
Snack	Milk Tea
Dinner	Fish , cheese sandwich
Snack	Tuna Sandwich , Half chocolate
Lunch	Milk Pie x1
Snack	Egg salad sandwich & Milk Tea
Breakfast	Chicken Rice

Tuesday	
Snack	Waffle sticks x5
Lunch	Banana x2
Snack	Egg salad sandwich & Milk Tea
Breakfast	Chicken Rice

Monday	
Snack	Milk Tea
Dinner	Fish , cheese sandwich
Snack	Tuna Sandwich , Half chocolate
Lunch	Milk Pie x1
Snack	Egg salad sandwich & Milk Tea
Breakfast	Chicken Rice

My Food Diary

Date: 20/11/2023

Name: Jim Cheung

UNIVERSITY OF NEW ZEALAND

THE RUNNERS IN PAPERBACKS





Name: Tim
Date: 20/11/21

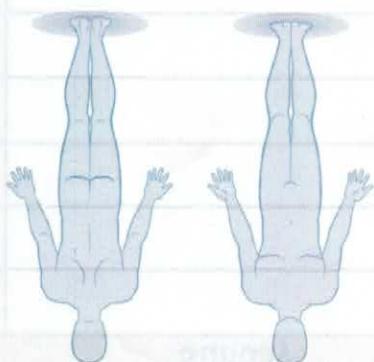
Sleep Diary: Morning

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Last night, I went to bed at:						
10 AM/PM	9:30 AM/PM	11 AM/PM	8:30 AM/PM	8:30 AM/PM	11 AM/PM	10:00 AM/PM
This morning, I woke up at:						
7 AM/PM	5 AM/PM	5 AM/PM	4 AM/PM	4 AM/PM	6 AM/PM	7 AM/PM
Last night, it took me about _____ mins to fall asleep:						
15 mins	15 mins	10 mins	15 mins	15 mins	10 mins	20 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

Sleep Diary: Night

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
I took a nap:	Yes / <input checked="" type="radio"/>	Yes / <input type="radio"/>	Yes / <input checked="" type="radio"/>	Yes / <input type="radio"/>	Yes / <input checked="" type="radio"/>	Yes / <input type="radio"/>	Yes / <input checked="" type="radio"/>	
I had caffeine:	# 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	
Medications or drugs I used today:	Cold & Flu							
Throughout the day, I felt drowsy:	Never	Sometimes	Never	Sometimes	Never	Sometimes	Never	Sometimes
Very often	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 / <input checked="" type="radio"/>	Neg / <input type="radio"/>	Pos / <input checked="" type="radio"/>	Neg / <input type="radio"/>	Pos / <input checked="" type="radio"/>	Neg / <input type="radio"/>	Pos / <input checked="" type="radio"/>	Neg / <input type="radio"/>
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

Fitness focus:



Circle areas affected in falls:

My Riding Diary				
Monday	Tuesday	Wednesday	Thursday	Friday
Horses ridden	Falls	Horses ridden	Falls	Horses ridden
10	6	10	10	10
Gallops	Jumps/outs	Trackwork	Trackwork	Trackwork
Gallops	Jumps/outs	Trails	Trials	Trials
Gallops	Races	Horses ridden	Falls	Horses ridden
Gallops	Other eg. gym/run			
Sunday	Horses ridden	Falls		
11	11	11		
Gallops	Jumps/outs	Trials	Trials	Trials
Gallops	Races	Horses ridden	Falls	Horses ridden
Gallops	Other eg. gym/run			



\rightarrow 5 fruits a day.

\leftarrow 2-3+ day

\rightarrow 3 main soups w/ each meal - 3 meals
Notes: Cheeky 1/1.

Saturday

Breakfast: $\frac{1}{2}$ bowl cereal

Lunch: $\frac{1}{2}$ bowl

Snack:

Sunday

Dinner: $\frac{1}{2}$ bowl

Lunch: $\frac{1}{2}$ bowl

Snack:

Snack:

Dinner: $\frac{1}{2}$ bowl

Snack:

Wednesday

Wednesday

Dinner: $\frac{1}{2}$ bowl

Lunch: $\frac{1}{2}$ bowl

Snack:

Tuesday

Dinner: $\frac{1}{2}$ bowl

Lunch: $\frac{1}{2}$ bowl

Snack:

Snack:

Snack:

Mondays

Dinner: $\frac{1}{2}$ bowl

Lunch: $\frac{1}{2}$ bowl

Snack:

Snack:

Snack:

Snack:

My Food Diary

Date: 27/11/2012

Name: *Agunifulyuk*

UNIVERSITY OF NEW ZEALAND

THE KUNENGĀ KI PŪREHURĀ





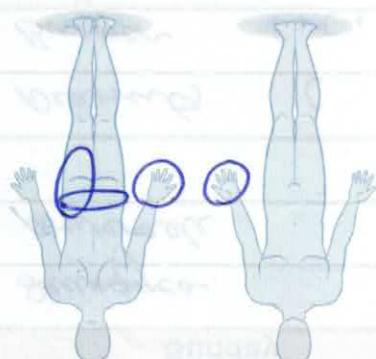
Sleep Diary: Morning

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Last night, I went to bed 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
This morning, I woke up at:						
04.00 AM/PM	03.40 AM/PM	03.40 AM/PM	03.40 AM/PM	03.40 AM/PM	03.40 AM/PM	03.40 AM/PM
Last night, it took me about _____ mins to fall asleep:						
20 mins	10 mins	20 mins	20 mins	20 mins	30 mins	20 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	Temperature	Temperature	Temperature	Temperature	Temperature	Temperature
During the night, I woke up _____ times:						
2 times	2 times	2 times	2 times	2 times	2 times	2 times

Sleep Diary: Night

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
I took a nap:	Yes / <input checked="" type="checkbox"/>	Yes / <input type="checkbox"/>	Yes / <input type="checkbox"/>	Yes / <input type="checkbox"/>	Yes / <input type="checkbox"/>	Yes / <input type="checkbox"/>	Yes / <input type="checkbox"/>
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 <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	Evening	Evening	Evening	Evening	Evening	Evening	Evening
Today I exercised for _____ minutes:	2 Mins/hr	2 Mins/hr	2 Mins/hr	2 Mins/hr	2 Mins/hr	0 Mins/hr	0 Mins/hr
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
In the hour before bed, my activities included:							
Eg. Reading, computer, TV, showering, phone, eating, spending time with partner							

Fitness focus:



Circle areas affected in falls:

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

My Riding Diary

UNIVERSITY OF NEW ZEALAND

TE KŪNENGĀ KI PŪRHEHUA

Name: *Sophia* Date: *20/11/23*



Friday after race.

Hot air - I am sure you mean

Quality cycling

Fluor S + a day (30g)

Notes:

Breakfast	Sausage	C
Lunch	Peanut butter	Tuna
Snack	Powerbar	Water
Dinner	Burgers	F+C+F
Snack	Granola	Water

Sunday

Breakfast	Sausage	F+C+F
Lunch	Sandwich	Water
Snack	Ice cream	Water
Dinner	Macc n cheese bolognese	C
Snack	Granola	Water

Saturday

Breakfast	Ice coffee	Water
Lunch	Hamburger	Water
Snack	Granola	Water
Dinner	Macc n cheese bolognese	C
Snack	Ice cream	Water

Friday

Breakfast	250ml energy drink	Water
Lunch	250ml energy drink	Water
Snack	250ml energy drink	Water
Dinner	Stir-fried eggs w/ spinach	Water
Snack	Smoothie	Water

Thursday

Breakfast	250ml energy drink	Water
Lunch	Smoothie	Water
Snack	250ml energy drink	Water
Dinner	Stir-fried eggs w/ spinach	Water
Snack	Smoothie	Water

Wednesday

Breakfast	Ice coffee	Water
Lunch	Wings (chicken)	Water
Snack	Wonton rolls	Water
Dinner	Wonton rolls	Water
Snack	Wonton rolls	Water

Monday

Breakfast	Claypot with fun	Water
Lunch	Wings (chicken)	Water
Snack	Wonton rolls	Water
Dinner	Wonton rolls	Water
Snack	Wonton rolls	Water

My Food Diary

UNIVERSITY OF NEW ZEALAND

TE KŪNENGA KI PŪRERUROA



Date: 20/11/23
Name: Dylan



Sleep Diary: Morning

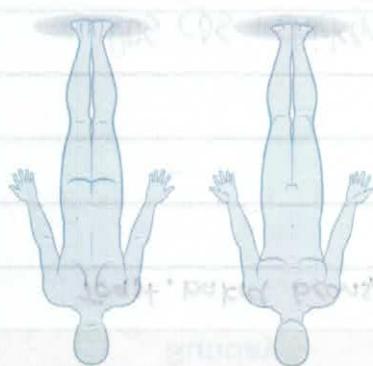
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Last night, I went to bed at:						
<u>9:00 AM/PM</u>	<u>10:00 AM/PM</u>	<u>9:00 AM/PM</u>	<u>8:30 AM/PM</u>	<u>9:00 AM/PM</u>	<u>10:30 AM/PM</u>	<u>11:30 AM/PM</u>
This morning, I woke up at:						
<u>4:00 AM/PM</u>	<u>4:00 AM/PM</u>	<u>4:00 AM/PM</u>	<u>4:00 AM/PM</u>	<u>4:00 AM/PM</u>	<u>4:10 AM/PM</u>	<u>4:30 AM/PM</u>
Last night, it took me about _____ mins to fall asleep:						
<u>5</u> mins	<u>5</u> mins	<u>5</u> mins	<u>5</u> mins	<u>5</u> mins	<u>5</u> mins	<u>5</u> mins
I felt the quality of my sleep was:						
Eg. Very good (VG), Good (G), Average (A), Bad, (B), Very Bad (VB)						
VG <u>G</u> A / B / VB	VG <u>G</u> A / B / VB	VG <u>G</u> A / B / VB	VG <u>G</u> A / B / VB	VG <u>G</u> A / B / VB	VG <u>G</u> A / B / VB	VG <u>G</u> 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 <u>Al</u>	Ref <u>Tir</u> Grog / Al	Ref / Tir / <u>Grog</u> / Al	Ref / Tir / Grog <u>Al</u>	
My sleep was made more difficult by:						
Eg. Temperature, noise, dreams, thoughts, not feeling tired, discomfort						
<u>/</u>	<u>/</u>	<u>discomfort</u>	<u>/</u>	<u>/</u>	<u>/</u>	
During the night, I woke up _____ times:						
0 times	0 times	0 times	3. times	0 times	0 times	0 times

Name: Johni
Date: 20/11/23

Sleep Diary: Night

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
I took a nap:						
Yes <input checked="" type="checkbox"/> No	Yes / <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes / <input type="checkbox"/>	Yes / <input type="checkbox"/>	Yes / <input type="checkbox"/>	Yes / <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:	180 Mins/hrs	180 Mins/hrs	180 Mins/hrs	180 Mins/hrs	180 Mins/hrs	20 Mins/hrs
Medications or drugs I used today:						
	Diazepam	Diazepam	Diazepam	Diazepam	16mg zopiclone	
Throughout the day, I felt drowsy:						
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 <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 <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 <input checked="" type="checkbox"/> Neg / Neu	Pos / Neg <input checked="" type="checkbox"/> Neu	Pos / Neg <input type="checkbox"/> Neu				
In the hour before bed, my activities included: Eg. Reading, computer, TV, showering, phone, eating, spending time with partner						
TV, phone	Phone	TV	Phone	TV	TV	TV

Fitness focus:



Circle areas affected in falls:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Horses ridden	Falls	Circles areas affected in falls:
Trackwork	12	1	9	10	5	Horses ridden	Falls	2
Gallops	2	1	2	1	6	Races	Falls	7
Jumpsouts						Trials		
Gallops						Jumpsouts		
Trackwork						Gallops		
Races						Trials		
Other eg. gym/run						Races		
						Other eg. gym/run		

My Riding Diary

Date: 26.11.13

Name: Liy Suthera/acer

UNIVERSITY OF NEW ZEALAND

TE KŪNENGA RI PIRERHUROA





Tuesday	
Breakfast	Apple
Snack	Banana
Lunch	Sandwich
Dinner	Chicken in rice
Snack	
Breakfast	
Snack	
Lunch	
Dinner	Muesli bar
Snack	Apple
Breakfast	
Snack	
Lunch	
Dinner	Muesli bar
Snack	
Breakfast	
Snack	
Lunch	
Dinner	Chicken in rice
Snack	

My Food Diary

Date: 26.11.23

Name: Lucy Smith

Monday	
Breakfast	Apple
Snack	Banana
Lunch	Sandwich
Dinner	
Snack	
Breakfast	
Snack	
Lunch	
Dinner	Muesli bar
Snack	
Breakfast	
Snack	
Lunch	
Dinner	
Snack	
Wednesday	
Breakfast	
Snack	
Lunch	
Dinner	
Snack	
Thursday	
Breakfast	
Snack	
Lunch	
Dinner	
Snack	
Friday	
Breakfast	
Snack	
Lunch	
Dinner	
Snack	
Saturday	
Breakfast	yoghurt
Snack	sandwich
Lunch	
Dinner	Chocolate
Snack	buflur chicken
Breakfast	Tofu, baked beans, bacon
Snack	
Lunch	
Dinner	
Snack	
Sunday	
Breakfast	
Snack	
Lunch	
Dinner	
Snack	
Breakfast	
Snack	
Lunch	
Dinner	
Snack	

(60g CAs + chicken + veg fibs)

(60g - 60g, 60g)

fibre - veg, beans

Notes: ~~Breakfast - chicken each day~~

Sleep Diary: Morning

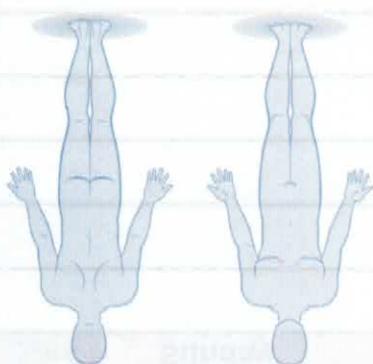
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Last night, I went to bed at:						
9 AM/ <input checked="" type="radio"/>	9 AM/ <input checked="" type="radio"/>	9 AM/ <input checked="" type="radio"/>	9 AM/ <input checked="" type="radio"/>	9 AM/ <input checked="" type="radio"/>	9 AM/ <input checked="" type="radio"/>	9 AM/ <input checked="" type="radio"/>
This morning, I woke up at:						
5 AM/ <input checked="" type="radio"/>	5 AM/ <input checked="" type="radio"/>	5 AM/ <input checked="" type="radio"/>	5 AM/ <input checked="" type="radio"/>	5 AM/ <input checked="" type="radio"/>	6.30 AM/ <input checked="" type="radio"/>	6.30 AM/ <input checked="" type="radio"/>
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 / <input checked="" type="radio"/> A / B / VB	VG / <input checked="" type="radio"/> A / B / VB	VG / <input checked="" type="radio"/> A / B / VB	VG / <input checked="" type="radio"/> A / B / VB	VG / <input checked="" type="radio"/> A / B / VB	VG / <input checked="" type="radio"/> A / B / VB
This morning I feel:						
Eg. Refreshed (Ref), Tired (Tir), Groggy (Grog), Alert (Al)	Ref / Tir / Grog / <input checked="" type="radio"/>	Ref / Tir / Grog / <input checked="" type="radio"/>	Ref / Tir / Grog / <input checked="" type="radio"/>	Ref / Tir / Grog / <input checked="" type="radio"/>	Ref / Tir / Grog / <input checked="" type="radio"/>	Ref / Tir / Grog / <input checked="" type="radio"/>
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: Lily Sutherland
Date: 26.11.23

Sleep Diary: Night

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
I took a nap:	Yes / <input checked="" type="checkbox"/> No	Yes / <input type="checkbox"/> No					
I had caffeine:							
# of drinks	1 # of drinks	1 # of drinks	1 # of drinks	1 # of drinks	1 # of drinks	1 # of drinks	1 # 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							
Phone, talking, shower							

Fitness focus:



Circle areas affected in falls:

Mondays	Horses ridden	Falls	Tuesday	Horses ridden	Falls	Wednesday	Horses ridden	Falls	Thursday	Horses ridden	Falls	Friday	Horses ridden	Falls	Sunday	Horses ridden	Falls
Trials			Races														
Jumpsouts			Jumpsouts			Jumpsouts			Jumpsouts			Jumpsouts			Gallops		
Gallops			Gallops			Gallops			Gallops			Gallops			Trackwork		
Trackwork			Trackwork			Trackwork			Trackwork			Trackwork			Trails		
Other eg. gym/run			Other eg. gym/run			Other eg. gym/run			Other eg. gym/run			Other eg. gym/run			Races		

My Riding Diary

Date: 27/11/2023

UNIVERSITY OF NEW ZEALAND

TE KŪNENGĀ KA PĒREHURAO



Name: Lumeny Duggalji



Notes:

Saturday

Breakfast	
Snack	
Lunch	
Snack	
Dinner	
Snack	

Thursday

Breakfast	
Snack	
Lunch	
Snack	
Dinner	
Snack	

Tuesday

Breakfast	-
Snack	-
Lunch	Eggs, bacon, toast
Snack	-
Dinner	-
Snack	-

Sunday

Breakfast	
Snack	
Lunch	
Snack	
Dinner	
Snack	

Friday

Breakfast	
Snack	
Lunch	
Snack	
Dinner	
Snack	

Wednesday

Breakfast	
Snack	
Lunch	
Snack	
Dinner	
Snack	

Monday

Breakfast	Nothing
Snack	Nothing
Lunch	Nothing
Snack	Nothing
Dinner	Pasta, salad, wine
Snack	-

My Food Diary

Date:

Name: Leanne

UNIVERSITY OF NEW ZEALAND

TE KŪNENGA RI PIRIRAKUA





Sleep Diary: Morning

Name: Liam Pocock

Date: _____

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Last night, I went to bed at:						
10:00 AM/PM	10 AM/PM	10 AM/PM	10 AM/PM	10 AM/PM	4:00 AM/PM	10 AM/PM
This morning, 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	10:00 AM/PM
Last night, it took me about ____ mins to fall asleep:						
60 mins	50 mins	50 mins	60 mins	60 mins	20 mins	50 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

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	Afternoon	Morning	Afternoon	Morning	Afternoon	Morning
---------	-----------	---------	-----------	---------	-----------	---------

Afternoon

Evening	Morning	Evening	Morning	Evening	Morning	Evening
---------	---------	---------	---------	---------	---------	---------

Evening

Today I exercised for _____ minutes:	Mins/hrs	Mins/hrs	Mins/hrs	Mins/hrs	Mins/hrs	Mins/hrs
--------------------------------------	----------	----------	----------	----------	----------	----------

Medications or drugs I used today:

Medication						
------------	------------	------------	------------	------------	------------	------------

Throughout the day, I felt drowsy:

Never						
Sometimes						
Very often						

Overall, my mood today was:

Eg. Positive (Pos), Negative (Neg), Neutral (Neu)

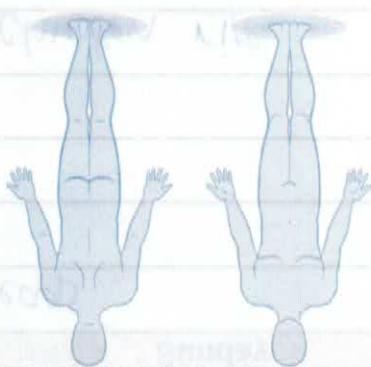
Pos / Neg / Neu						
-----------------	-----------------	-----------------	-----------------	-----------------	-----------------	-----------------

In the hour before bed, my activities included:

Eg. Reading, computer, TV, showering, phone, eating, spending time with partner

Activity						
----------	----------	----------	----------	----------	----------	----------

Fitness focus:



Circle areas affected in falls:

Circle areas affected in falls:			
Monday	Tuesday	Wednesday	Thursday
Falls	Horses ridden	Horses ridden	Horses ridden
Trackwork	12	12	12
Gallops			
Jumpsouts			
Trials			
Races			
Other eg. gym/run			
Friday	Saturday	Horses ridden	Falls
Trackwork	12	12	12
Gallops			
Jumpsouts			
Trials			
Races			
Other eg. gym/run			
Sunday	Horses ridden	Falls	Falls
Trackwork	12	12	12
Gallops			
Jumpsouts			
Trials			
Races	5		
Other eg. gym/run			

My Riding Diary

Date: _____

Name: Ciel



more protein

Notes:		
Breakfast	Lunch	Snack

Sandwich

Saturday		
Breakfast	Lunch	Snack

breakfast left overs

Wednesday		
Breakfast	Lunch	Snack

Sandwich

Tuesday		
Breakfast	Lunch	Snack

eggs

Sunday		
Breakfast	Lunch	Snack

Risotto

Friday		
Breakfast	Lunch	Snack

Vada

Wednesday		
Breakfast	Lunch	Snack

Macho

Monday		
Breakfast	Lunch	Snack

MY Food Diary

Date:

Name:

UNIVERSITY OF NEW ZEALAND

TE KŪNENGA NI PIRIHUEROA



Name: _____
Date: _____

Sleep Diary: Morning

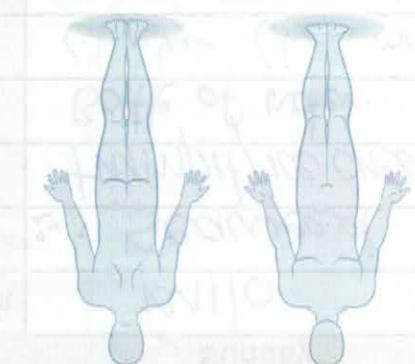
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Last night, I went to bed at:						
9 AM/PM	5 AM/PM	9 AM/PM	7 AM/PM	9 AM/PM	12 AM/PM	9 AM/PM
This morning, I woke up at:						
4 AM/PM	4 AM/PM	4 AM/PM	4 AM/PM	4 AM/PM	4 AM/PM	10 AM/PM
Last night, it took me about ____ mins to fall asleep:	10 mins	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
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:						
0 times	0 times	0 times	0 times	0 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
1 Morning	1 Morning	1 Morning	1 Morning	1 Morning	1 Morning	1 Morning
Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon
Evening	Evening	Evening	Evening	Evening	Evening	Evening
Today I exercised for _____ minutes:	5 Mins/hrs	5 Mins/hrs	5 Mins/hrs	10 Mins/hrs	10 Mins/hrs	0 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					
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						

Fitness focus:



Monday	Horses ridden	Falls	Tuesday	Horses ridden	Falls	Wednesday	Horses ridden	Falls	Thursday	Horses ridden	Falls	Friday	Horses ridden	Falls	Sunday	Horses ridden	Falls	Other eg. gym/run
Trackwork	7	7	Trackwork	5	5	Other eg. gym/run	3	3	Other eg. gym/run									
Gallops	3	3	Gallops	4	4	Gallops	7	7	Gallops	2	2	Gallops	8	8	Races			Races
Jumpsouts	7	7	Trials			Trials												
Trials	7	7	Races			Races												
Races	7	7	Other eg. gym/run			Other eg. gym/run												
Other eg. gym/run			Other eg. gym/run			Other eg. gym/run			Other eg. gym/run			Other eg. gym/run						

My Riding Diary

Date:

Name: Temmyia

UNIVERSITY OF NEW ZEALAND

TE KŪNENGĀ RI PŪREHURAO



Date:

Name:

Tuesday

coffee

luscious

Pie

Wednesday

children pie

⑥

Banana

Snack

Dinner

Lunch

Breakfast

Snack

Dinner

Lunch

Breakfast

Snack

Dinner

Lunch

Breakfast

Snack

Notes:

Thursday

coffee

sandwich

FISH n' chips F

F

Saturday

coffee

Dinner & sandwich

Sushi & Noodles

Notes:

Sunday**Sunday**

Mc Donalds

Dumplings

coffee

Friday

Clips & lush willows

⑥

Bottle of water.

friupif/ice cream

seaweed

⑤

Milk

Clips & lush willows

⑥

friupif/ice cream

seaweed

⑤

Mc Donalds

Clips & lush willows

⑥

Dumplings

Clips & lush willows

⑥

Mc McDonalds

Clips & lush willows

⑥

Dumplings

Clips & lush willows

⑥

Mc McDonalds

Clips & lush willows

⑥

Dumplings

Clips & lush willows

⑥

Mc McDonalds

Clips & lush willows

⑥

Dumplings

MY Food Diary

Name: _____
Date: _____

Sleep Diary: Night

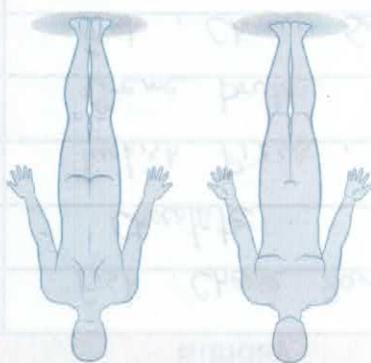
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
I took a nap:	Yes / No						
I had caffeine:	1 # of drinks						
Morning	Morning	Morning	Morning	Morning	Morning	Morning	Morning
Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon
Evening	Evening	Evening	Evening	Evening	Evening	Evening	Evening
Today I exercised for _____ minutes:	4 Mins/hr						
Medications or drugs I used today:	—	—	—	—	—	—	—
Throughout the day, I felt drowsy:	Never						
Never	Sometimes						
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	"TV Phone"	"Reading"	"Shower"	"Eating"	"TV & eating"	"Sleep"	"Sleep"



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	AM/PM
This morning, I woke up at:							
AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM
Last night, it took me about ____ mins to fall asleep:	10 mins	10 mins	10 mins	30 mins	5 mins	5 mins	45 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						
My sleep was made more difficult by:							
Eg. Temperature, noise, dreams, thoughts, not feeling tired, discomfort	Dreams	Dreams	temperature	temperature	temperature	temperature	—
During the night, I woke up ____ times:	0 times	0 times	3 times	0 times	4 times	0 times	0 times

Fitness focus:



Circle areas affected in falls:

My Riding Diary			
Mondays	Tuesday	Wednesday	Thursday
Horses ridden	Falls	Horses ridden	Falls
10	4	9	9
Gallops	Trackwork	Trackwork	Trackwork
3	5	3	3
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
Fridays	Saturday	Sunday	
Horses ridden	Falls	Horses ridden	Falls
6	3	5	5
Gallops	Trackwork	Gallops	Trackwork
3	6	3	6
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
Sundays	Horses ridden	Falls	
Horses ridden	Falls	Horses ridden	Falls
5	5	5	5
Gallops	Gallops	Gallops	Gallops
3	3	3	3
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

Date: 4/12/2023

Name: Jim Chung

UNIVERSITY OF NEW ZEALAND



Monday

Monday		
Breakfast	Fish Rice	Beef
Snack	Lollies	
Lunch	Auacado Tacos	Fish Rice
Snack	Beef	
Breakfast	Beef rice , Tea	
Tuesday		
Breakfast	Beef mince rice , Tea	
Snack	Fish Rice	
Lunch	Auacado Tacos	
Snack	Beef	
Breakfast	Beef mince rice , Tea	
Wednesday		
Breakfast	Beef mince rice , Tea	
Snack	Chips 36g	
Lunch	Auacado Tacos x 2	Fish & Cheese Sandwich , Tea
Snack	Caramels Slice x 1	
Breakfast	Beef mince rice , Hot Chocolate	
Thursday		
Breakfast	Chicken Pie , Hot Chocolate	
Snack	Caramels Slice x 1	
Lunch	Fish & Cheese Sandwich , Tea	
Snack	Chips 36g	
Breakfast	Beef mince rice , Tea	
Friday		
Breakfast	Deli fish 100g	
Snack	Cookies x 3	
Lunch	Fish & Cheese Sandwich	
Snack	Auacado Cd x 1	
Dinner	Beef mince rice	
Snack	Beef	
Breakfast	Fish , Cheese Sandwich	
Saturday		
Breakfast	Fish , Cheese Sandwich	
Snack	Chocolates	
Lunch	Turkish Pizza , Summer Ranch	
Snack	Creme Brulee	
Dinner	Fish , Chinese Sandwich	
Sunday		
Breakfast	Fish , Chinese Sandwich	
Snack	Chocolate	
Lunch	Turkish Pizza , Summer Ranch	
Snack	Creme Brulee	
Dinner	Fish , Chinese Sandwich	
Snack	Beef	

Notes:



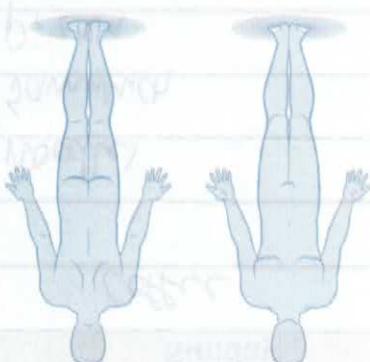
Sleep Diary: Morning

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Last night, I went to bed at:						
8 AM/PM	8 AM/PM	8 AM/PM	9 AM/PM	10 AM/PM	8 AM/PM	11 AM/PM
This morning, I woke up at:						
4 AM/PM	4 AM/PM	4 AM/PM	4 AM/PM	5 AM/PM	4 AM/PM	6 AM/PM
Last night, it took me about _____ mins to fall asleep:						
10 mins	15 mins	10 mins	15 mins	10 mins	10 mins	20 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				
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

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	✓		✓	✓	✓	✓	✓
Afternoon				✓	✓	✓	✓
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							
Phone	Phone	Phone	Phone	Phone	Phone	Phone	Phone

Fitness focus:



Circle areas affected in falls:

Mondays	Tuesdays	Falls	Horses ridden	Falls	Other eg. gym/run	my own	my own	Other eg. gym/run	Races
Trackwork	10	2	2	5	Gallops	Jumpsouts	Trials	Races	Races
Trackwork	10	2	2	5	Gallops	Jumpsouts	Trials	Races	Races
Wednesday	Thursdays	Falls	Horses ridden	Falls	Other eg. gym/run	my own	my own	Other eg. gym/run	Races
Trackwork	10	2	2	5	Gallops	Jumpsouts	Trials	Races	Races
Trackwork	10	2	2	5	Gallops	Jumpsouts	Trials	Races	Races
Fridays	Saturdays	Falls	Horses ridden	Falls	Other eg. gym/run	my own	my own	Other eg. gym/run	Races
Trackwork	3	4	10	10	Gallops	Jumpsouts	Trials	Races	Races
Fridays	Saturdays	Falls	Horses ridden	Falls	Other eg. gym/run	my own	my own	Other eg. gym/run	Races
Trackwork	3	4	10	10	Gallops	Jumpsouts	Trials	Races	Races
Trackwork	3	4	10	10	Gallops	Jumpsouts	Trials	Races	Races
Saturdays	Sundays	Falls	Horses ridden	Falls	Other eg. gym/run	my own	my own	Other eg. gym/run	Races
Saturdays	Sundays	Falls	Horses ridden	Falls	Other eg. gym/run	my own	my own	Other eg. gym/run	Races

My Riding Diary

Date: _____

Name: Ella

UNIVERSITY OF NEW ZEALAND



Monday

My Food Diary

Date:

Name:

UNIVERSITY OF NEW ZEALAND

TE KURANGA RI PIRERUROA



Wednesday

Breakfast	Coffee	
Lunch	Noodles	
Snack	Sausages, gravy	
Dinner	Salad	
Snack	Pasta	
Breakfast	Coffee	

Thursday

Breakfast	Coffee
Lunch	Spaghetti bolognese
Snack	Eggs, bacon
Dinner	Cheese, chips, salad
Snack	Milk
Breakfast	Coffee

Notes:

Saturday

Breakfast	Coffee
Lunch	Eggs on toast
Snack	
Dinner	Pasta + peas, chicken
Snack	
Breakfast	Coffee

Sunday

Breakfast	Coffee
Lunch	Salad
Snack	Biscuits
Dinner	Beef + sausages
Snack	
Breakfast	Coffee

Sleep Diary: Morning

Name: _____
Date: _____

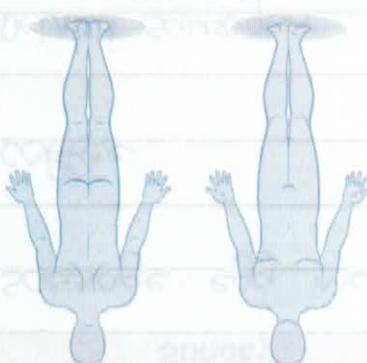
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Last night, I went to bed at:						
8:30 AM/PM	9:30 AM/PM	9:30 AM/PM	9:30 AM/PM	9:30 AM/PM	10 AM/PM	8:30 AM/PM
This morning, I woke up at:						
3:15 AM/PM	4:00 AM/PM	4:00 AM/PM	4 AM/PM	4 AM/PM	4 AM/PM	6 AM/PM
Last night, it took me about ____ mins to fall asleep:	2	2	2	2	2	2
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
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			
My sleep was made more difficult by:						
Eg. Temperature, noise, dreams, thoughts, not feeling tired, discomfort	Discomfort	Discomfort	Discomfort	Discomfort	Discomfort	Discomfort
During the night, I woke up ____ times:	0 times	1 times	1 times	1 times	2 times	2 times

Name: _____
Date: _____

Sleep Diary: Night

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
I took a nap:	Yes / <input checked="" type="radio"/>	Yes / <input type="radio"/>	Yes / No	Yes / <input type="radio"/>	Yes / <input checked="" type="radio"/>	Yes / <input type="radio"/>	Yes / <input checked="" type="radio"/>
I had caffeine:							
# of drinks							
Morning	✓				✓		
Afternoon					✓		
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							
Showed phone	showed phone	Wore phone	- Shower phone	Shower phone	Shower phone t.v.	Phone t.v.	Phone t.v.

Fitness focus:



Circle areas affected in falls:

My Riding Diary			
Mondays	Tuesdays	Wednesdays	Thursdays
Horses ridden	Falls	Horses ridden	Falls
Trackwork	7	6	8
Gallops	4		
Jumpsouts	1		
Trials			
Races			
Other eg. gym/run			
Saturday	Horses ridden	Falls	
Trackwork	—		
Gallops			
Jumpsouts			
Trials			
Races			
Other eg. gym/run			
Sunday	Horses ridden	Falls	
Trackwork	—		
Gallops			
Jumpsouts			
Trials			
Races			
Other eg. gym/run			

Date: 11/12/23.

Name: Teawhia Taicreca.

UNIVERSITY OF NEW ZEALAND

TE KŪNENGĀ KI PŪREHURUA





Monday

My Food Diary

Date:

Name:

Name:

UNIVERSITY OF NEW ZEALAND

TE KŪNENGA RI PIRHEURUA



Tuesday

coffee

Sandwich

Breakfast

Snack

Lasagna

Dinner

coffee

Wednesday

noodles

Bacon egg Pie

Sushi

coffee

Breakfast

Snack

Lunch

Dinner

Snack

noodles

Dinner

Breakfast

Snack

Lunch

Snack

crackers

Saturday

coffee

monster energy drink

Breakfast

Snack

Dinner

Snack

Notes:

Sunday

Sausage egg muffin

coffee

Breakfast

coffee

Deviled sausages

Dinner

Snack

Snack

Dinner

Snack

Breakfast

Snack

Dinner

Snack

Breakfast

Snack

Dinner

Snack

Breakfast

Snack

Dinner

Snack

Breakfast

Snack

Dinner



Name: _____
Date: _____

Sleep Diary: Morning

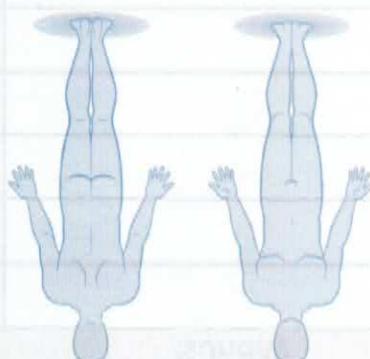
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Last night, I went to bed at:						
10 AM/PM	10 AM/PM	10 AM/PM	10 AM/PM	10 AM/PM	1 AM/PM	12 AM/PM
This morning, I woke up at:						
6 AM/PM	6 AM/PM	6 AM/PM	6 AM/PM	6 AM/PM	8 AM/PM	9 AM/PM
Last night, it took me about _____ mins to fall asleep:						
10 mins	10 mins	10 mins	10 mins	10 mins	2 hrs mins	20 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
During the night, I woke up _____ times:						
○ times	○ times	○ times	○ times	1 times	3 times	1 times

Name: _____
 Date: _____

Sleep Diary: Night

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
I took a nap:	Yes <input checked="" type="radio"/>						
I had caffeine:	Never <input checked="" type="radio"/>	Sometimes <input checked="" type="radio"/>	Sometimes <input checked="" type="radio"/>	Very often <input checked="" type="radio"/>	Very often <input checked="" type="radio"/>	Very often <input checked="" type="radio"/>	Very often <input checked="" type="radio"/>
1 # of drinks	Morning						
	Afternoon						
	Evening						
Today I exercised for _____ minutes:							
Mins/hrs							
Medications or drugs I used today:							
Pain/ache:							
Throughout the day, I felt drowsy:							
Never <input checked="" type="radio"/>	Never <input checked="" type="radio"/>	Never <input checked="" type="radio"/>	Never <input checked="" type="radio"/>	Never <input checked="" type="radio"/>	Never <input checked="" type="radio"/>	Never <input checked="" type="radio"/>	Never <input checked="" type="radio"/>
Sometimes <input checked="" type="radio"/>	Sometimes <input checked="" type="radio"/>	Sometimes <input checked="" type="radio"/>	Sometimes <input checked="" type="radio"/>	Sometimes <input checked="" type="radio"/>	Sometimes <input checked="" type="radio"/>	Sometimes <input checked="" type="radio"/>	Sometimes <input checked="" type="radio"/>
Very often <input checked="" type="radio"/>	Very often <input checked="" type="radio"/>	Very often <input checked="" type="radio"/>	Very often <input checked="" type="radio"/>	Very often <input checked="" type="radio"/>	Very often <input checked="" type="radio"/>	Very often <input checked="" type="radio"/>	Very often <input checked="" type="radio"/>
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, Phone	TV, Phone	TV, Phone	TV, Phone	alcohol	Phone		

Fitness focus:



Circle areas affected in falls:

Monday	Tuesday	Wednesday	Thursday	Friday
Trackwork	Trackwork	Trackwork	Trackwork	Trackwork
Gallops	Gallops	Gallops	Gallops	Gallops
8	2	7	6	89
Falls	Falls	Falls	Falls	Falls
Horses ridden				
Tuesday	Wednesday	Thursday	Friday	
Other eg. gym/run				
Trials	Trials	Trials	Trials	Trials
Jumpsouts	Jumpsouts	Jumpsouts	Jumpsouts	Jumpsouts
Gallops	Gallops	Gallops	Gallops	Gallops
Trackwork	Trackwork	Trackwork	Trackwork	Trackwork
Friday				
Other eg. gym/run				
Races				
Trials				
Jumpsouts				
Gallops				
Trackwork				

My Riding Diary

Date: _____

Name: Fayzie



Monday

Name: Fiona
Date:

Saturday

Notes:

		Snack
		Dinner
		Snack
		Lunch
		Snack
		Breakfast

Sunday

	Snack
	Dinner
	Snack
	Lunch
	Snack
	Breakfast

Friday

	Snack
	Dinner
	Snack
	Lunch
	Snack
	Breakfast

Wednesday

	Snack
	Dinner
	Snack
	Lunch
	Snack
	Breakfast

Thursday

	Snack
	Dinner
	Snack
	Lunch
	Snack
	Breakfast

My Food Diary

UNIVERSITY OF NEW ZEALAND

TE KŪNENGĀ KI PĒREHURAO





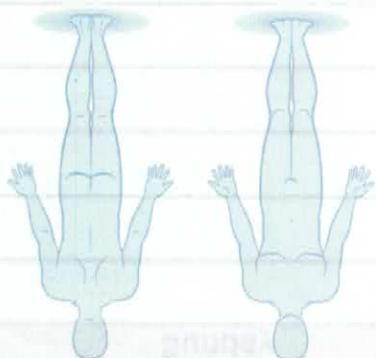
Sleep Diary: Morning

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
7 AM/PM	7 AM/PM	7.30 AM/PM	7	8 AM/PM	7.30 AM/PM	7 AM/PM
Last night, I went to bed at:						
7 AM/PM	7 AM/PM	7.30 AM/PM	7	8 AM/PM	7.30 AM/PM	7 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	3 AM/PM
Last night, it took me about ____ mins to fall asleep:						
60 mins	45 mins	30 mins	60 mins	30 mins	45 mins	30 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						
light from * sun *	staying on phone *	*	*	*	*	*
During the night, I woke up ____ times:	0 times	0 times	0 times	0 times	1 times	1 times

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	Mins/hrs	Mins/hrs	Mins/hrs	Mins/hrs	Mins/hrs	Mins/hrs	Mins/hrs
Medications or drugs I used today:							
Prescription	Over-the-counter	Herbal	Homeopathic	Other			
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:							
Eq. 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:



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
Gallops	(0)																			
Trackwork	(0)		Trackwork	(0)		Trackwork	(0)		Trackwork	(0)		Trackwork	(0)		Trackwork	(0)		Trackwork	(0)	
Jumpsouts			Jumpsouts			Jumpsouts			Jumpsouts			Jumpsouts			Jumpsouts			Jumpsouts		
Trials			Trials			Trials			Trials			Trials			Trials			Trials		
Races			Races			Races			Races			Races			Races			Races		
Other eg. gym/run			Other eg. gym/run			Other eg. gym/run			Other eg. gym/run			Other eg. gym/run			Other eg. gym/run			Other eg. gym/run		

My Riding Diary

UNIVERSITY OF NEW ZEALAND

TE KŪNENGA RI PIRERHŪRĀ

Name: Alysha MudhoDate: 11/12/22

CDG

Monday

My Food Diary

Date: 11/12/23

Name: Alysh McHale

UNIVERSITY OF NEW ZEALAND

Notes:	
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Breakfast	Snack
Lunch	Snack
Snack	Dinner
Dinner	
Snack	

Saturday	
Breakfast	Snack
Lunch	Coffee
Snack	
Dinner	Chicka Rice
Snack	

Breakfast	Snack
Lunch	Coffee
Snack	
Dinner	Chicka
Snack	

Wednesday	
Breakfast	Snack
Lunch	Coffee
Snack	
Dinner	KFC
Snack	

Breakfast	Snack
Lunch	Coffee
Snack	
Dinner	Chicka Rice
Snack	

Tuesday	
Breakfast	Snack
Lunch	Coffee
Snack	
Dinner	Soup
Snack	

Breakfast	Snack
Lunch	Coffee
Snack	
Dinner	Bread, Chicka
Snack	



Sleep Diary: Morning

Name: Flynn
Date: 11/12/23

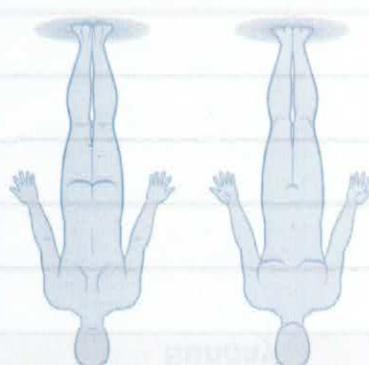
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Last night, I went to bed at:						
09.00 AM/PM	09.00 AM/PM	09.00 AM/PM	09.00 AM/PM	09.00 AM/PM	09.00 AM/PM	10.00 AM/PM
This morning, I woke up at:						
09.00 AM/PM	09.00 AM/PM	09.00 AM/PM	09.00 AM/PM	09.00 AM/PM	09.00 AM/PM	10.00 AM/PM
Last night, it took me about ____ mins to fall asleep:						
70 mins	30 mins	30 mins	30 mins	70 mins	30 mins	30 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	Temperature	Temperature	Temperature	Temperature	Temperature	Temperature
During the night, I woke up _____ times:						
2 times	1 times	2 times	3 times	2 times	1 times	2 times



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:							
	X	X	X	X	X	X	X
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, phone	TV, phone	TV, phone	TV, phone	TV, phone	TV, phone	TV, phone	TV, phone

Fitness focus:



Circle areas affected in falls:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
Trackwork	Trackwork	Trackwork	Trackwork	Trackwork	Horses ridden	Horses ridden	Falls
15	15	16	16	16	16	16	16
Gallops	Gallops	Gallops	Gallops	Gallops	5	5	5
Jumpsouts	Jumpsouts	Jumpsouts	Jumpsouts	Jumpsouts	3	3	3
Trials	Trials	Trials	Trials	Trials	10	10	10
Races	Races	Races	Races	Races	15	15	15
Other eg. gym/run							

My Riding Diary

Date:

Name: Camryn Dwyer

UNIVERSITY OF NEW ZEALAND

TE KUNENGAKI PREDHURUA





Monday

My Food Diary

Date:

Name: *Laura*

UNIVERSITY OF NEW ZEALAND



Notes:

Breakfast	
Snack	
Lunch	
Snack	
Dinner	
Snack	
Breakfast	

Sunday

Saturday

Breakfast	
Snack	
Lunch	
Snack	
Dinner	
Snack	
Breakfast	

Friday

Thursday

Breakfast	
Snack	
Lunch	
Snack	
Dinner	
Snack	
Breakfast	

Wednesday

Tuesday

Breakfast	-
Snack	-
Lunch	eggs
Snack	-
Dinner	-
Snack	-
Breakfast	-



Sleep Diary: Morning

Name: _____
Date: _____

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:						
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
Last night, it took me about ____ mins to fall asleep:						
30 mins	30 mins	30 mins	30 mins	30 mins	30 mins	30 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:						
3/4 times	3/4 times	3/4 times	3/4 times	3/4 times	3/4 times	3/4 times



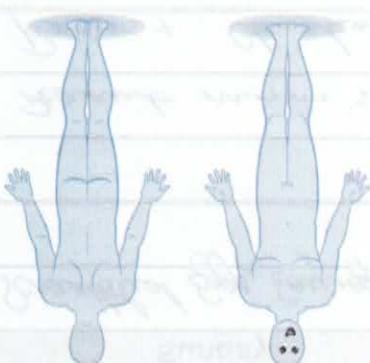
Name: _____
Date: _____

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	Yes / No
I had caffeine:							
Morning	# of drinks	Morning	# of drinks	Morning	# of drinks	Morning	# of drinks
Afternoon		Afternoon		Afternoon		Afternoon	
Evening		Evening		Evening		Evening	
Today I exercised for _____ minutes:							
I Mins/hrs	○ Mins/hrs	I Mins/hrs	I Mins/hrs	○ Mins/hrs	○ Mins/hrs	○ Mins/hrs	I 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	Tu						

Fitness focus:

Circle areas affected in falls:



Mondays	Horses ridden	Falls	Tuesdays	Horses ridden	Falls	Wednesdays	Horses ridden	Falls	Thursdays	Horses ridden	Falls	Fridays	Horses ridden	Falls	Saturdays	Horses ridden	Falls	Sundays	Horses ridden	Falls
Trackwork	3	6	Trackwork	5	1	Trackwork	5	1	Trackwork	6	6	Trackwork	3	2	Gallops	3	2	Jumpsouts	3	2
Gallops	3	2	Gallops	1	/	Gallops	1	/	Gallops	6	6	Gallops	2	2	Races	3	2	Trials	3	2
Jumpsouts	3	2	Jumpsouts	1	/	Jumpsouts	1	/	Jumpsouts	6	6	Jumpsouts	2	2	Races	3	2	Trials	3	2
Trials	3	2	Trials	1	/	Trials	1	/	Trials	6	6	Trials	2	2	Races	3	2	Other eg. gym/run	3	2
Races	3	2	Races	1	/	Races	1	/	Races	6	6	Races	2	2	Other eg. gym/run	3	2	Other eg. gym/run	3	2
Other eg. gym/run	3	2	Other eg. gym/run	1	/	Other eg. gym/run	1	/	Other eg. gym/run	6	6	Other eg. gym/run	2	2	Other eg. gym/run	3	2	Other eg. gym/run	3	2

My Riding Diary

UNIVERSITY OF NEW ZEALAND

TE KŪNEANGA RĀ PŪREHURUA



Date: 11/12/23

Name: *[Signature]*



Mondays

Name: Jessie
Date:

Tuesdays

Breakfast	Cereals with fun.
Snack	✓
Lunch	Fun.
Snack	
Dinner	On the go.
Snack	
Breakfast	Cereals with fun.

Saturdays

Breakfast	Cereals with fun.
Snack	
Lunch	Hot chips.
Snack	
Dinner	Burgers.
Snack	

Notes:

Breakfast	Scrambled eggs, sausages, hash browns.
Snack	Peanut mums.
Lunch	
Snack	
Dinner	Rice + chicken.
Snack	
Sunday	

Breakfast	Tea/coffee.
Snack	
Lunch	Hot coffee + rice.
Snack	
Dinner	Dumplings.
Snack	
Sunday	

Breakfast	Cereals with fun.
Snack	
Lunch	Sandwiches.
Snack	
Dinner	Dumplings.
Snack	
Wednesday	

Breakfast	Cereals with fun.
Snack	
Lunch	Chicken wings.
Snack	
Dinner	On the go.
Snack	
Monday	

My Food Diary



Sleep Diary: Morning

Name: *Joni*
Date: _____

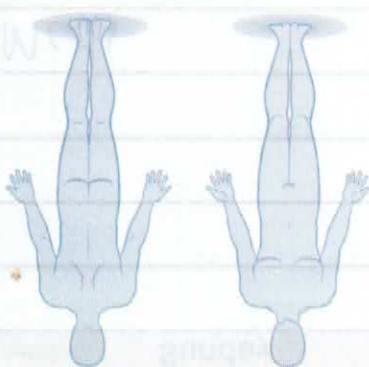
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Last night, I went to bed at:						
8:30 AM/PM	9:00 AM/PM	9:00 AM/PM	9:00 AM/PM	11:00 AM/PM	10:30 AM/PM	11:00 AM/PM
This morning, I woke up at:						
4:00 AM/PM	4:00 AM/PM	4:00 AM/PM	4:00 AM/PM	4:00 AM/PM	4:00 AM/PM	9:00 AM/PM
Last night, it took me about ____ mins to fall asleep:						
5 mins	5 mins	5 mins	5 mins	5 mins	5 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
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:						
2 times	0 times	0 times	0 times	2 times	0 times	0 times

Name: _____
Date: _____

Sleep Diary: Night

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
I took a nap:	Yes / <input checked="" type="checkbox"/> No						
I had caffeine:							
# of drinks	/ Morning	/ # of drinks					
Morning	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Morning
Evening	Evening	Evening	Evening	Evening	Evening	Evening	Evening
Today I exercised for _____ minutes:	/ 20 Mins/hrs	60 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						
In the hour before bed, my activities included:							
Eg. Reading, computer, TV, showering, phone, eating, spending time with partner	TV	TV	TV	TV	TV	Phone	Phone

Fitness focus:



Circle areas affected in falls:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Horses ridden	Falls	Other eg. gym/run
Gallops	14	3	11	14	14	14	14	Other eg. gym/run
Jumps/outs								Races
Trials								Trials
Gallops								Jumps/outs
Trackwork								Gallops
Trackwork	14	14	14	14	14	14	14	Trackwork
Trials								Trials
Races								Races
Other eg. gym/run								Other eg. gym/run



Monday		
Breakfast	Bacon	Snack
Snack	Sandwich	Lunch
Snack	Bagel	Dinner
Breakfast	Bacon	Snack
Tuesday		
Breakfast	Bacon	Snack
Snack	Bagel	Lunch
Snack	Bagel	Dinner
Breakfast	Bacon	Snack
Wednesday		
Breakfast	Bacon	Snack
Snack	Chicken sandwich	Lunch
Snack	Chicken sandwich	Dinner
Breakfast	Bacon	Snack
Thursday		
Breakfast	Fruit	Lunch
Snack	Chicken sandwich	Dinner
Snack	Chicken sandwich	Snack
Breakfast	Bacon	Snack
Friday		
Breakfast	McDonald's	Lunch
Snack	McDonald's	Dinner
Snack	McDonald's	Snack
Breakfast	KFC	Lunch
Snack	McDonald's	Dinner
Snack	McDonald's	Snack
Saturday		
Breakfast	Bacon	Lunch
Snack	McDonald's	Dinner
Snack	McDonald's	Snack
Breakfast	KFC	Lunch
Snack	McDonald's	Dinner
Snack	McDonald's	Snack
Sunday		
Breakfast	Bacon	Lunch
Snack	McDonald's	Dinner
Snack	McDonald's	Snack
Breakfast	Bacon	Lunch
Snack	McDonald's	Dinner
Snack	McDonald's	Snack
Notes:		

My Food Diary

Date:

Name:

Name:

UNIVERSITY OF NEW ZEALAND

TE KURANGA RI PIRERIKURA





Name: _____
Date: _____

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	1 AM/PM	10 AM/PM
This morning, I woke up at:						
4 AM/PM	4 AM/PM	4 AM/PM	4 AM/PM	4 AM/PM	4 AM/PM	11 AM/PM
Last night, it took me about ____ mins to fall asleep:						
5 mins	5 mins	5 mins	5 mins	5 mins	0 mins	0 mins
I felt the quality of my sleep was:						
Eg. Very good (VG), Good (G), Average (A), Bad, (B), Very Bad (VB)						
VG / <u>G</u> / A / B / VB	VG / <u>G</u> / A / B / VB	VG / <u>G</u> / A / B / VB	VG / G / <u>A</u> / B / VB	VG / G / <u>A</u> / B / VB	VG / <u>G</u> / A / B / VB	
This morning I feel:						
Eg. Refreshed (Ref), Tired (Tir), Groggy (Grog), Alert (Al)						
Ref / <u>Tir</u> / Grog / Al	Ref / <u>Tir</u> / Grog / Al	Ref / Tir / Grog / Al	Ref / <u>Tir</u> / Grog / Al	Ref / <u>Tir</u> / Grog / Al	Ref / <u>Tir</u> / Grog / Al	Ref / <u>Tir</u> / 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



Name: _____
Date: _____

Sleep Diary: Night

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

I took a nap:

Yes / No

I had caffeine:

Yes / No

Today I exercised for _____ minutes:

5

5

5

5

5

5

5

5

5

Medications or drugs I used today:

○

○

○

○

○

○

○

○

Throughout the day, I felt drowsy:

Never

Yes / No

Never

Sometimes

Sometimes

Sometimes

Sometimes

Sometimes

Sometimes

Sometimes

Sometimes

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

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

—

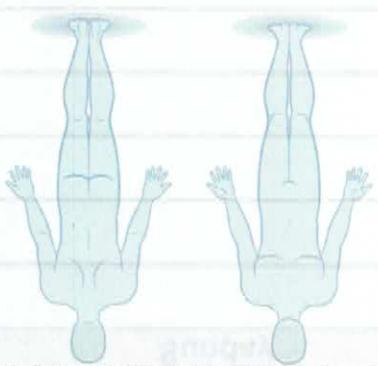
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—

Fitness focus:



Circle areas affected in falls:

Circle areas affected in falls:			
Sunday	Horses ridden	Falls	
Gallops	6	0	Other eg. gym/run
Trackwork	6	0	Races
Jumpsouts	0	0	Trials
Gallops	0	0	Jumpsouts
Trackwork	6	9	Gallops
Races	0	0	Trails
Trials	0	0	Jumpsouts
Gallops	3	0	Gallops
Trackwork	6	9	Trackwork
Other eg. gym/run	0	0	Races
Races	0	0	Trials
Trials	0	0	Jumpsouts
Gallops	0	1	Gallops
Trackwork	9	9	Trackwork
Other eg. gym/run	0	0	Other eg. gym/run
Friday	Horses ridden	Falls	
Gallops	0	0	Races
Trails	0	0	Trials
Jumpsouts	0	0	Jumpsouts
Gallops	1	1	Gallops
Trackwork	9	9	Trackwork
Other eg. gym/run	0	0	Other eg. gym/run
Saturday	Horses ridden	Falls	
Gallops	0	0	Races
Trails	0	0	Trials
Jumpsouts	0	0	Jumpsouts
Gallops	1	1	Gallops
Trackwork	9	9	Trackwork
Other eg. gym/run	0	0	Other eg. gym/run
Wednesday	Horses ridden	Falls	
Gallops	0	0	Races
Trails	0	0	Trials
Jumpsouts	0	0	Jumpsouts
Gallops	8	8	Gallops
Trackwork	9	9	Trackwork
Other eg. gym/run	0	0	Other eg. gym/run
Tuesday	Horses ridden	Falls	
Gallops	0	0	Races
Trails	0	0	Trials
Jumpsouts	0	0	Jumpsouts
Gallops	8	8	Gallops
Trackwork	9	9	Trackwork
Other eg. gym/run	0	0	Other eg. gym/run
Mondays	Horses ridden	Falls	
Gallops	0	0	Races
Trails	0	0	Trials
Jumpsouts	0	0	Jumpsouts
Gallops	0	0	Gallops
Trackwork	9	9	Trackwork
Other eg. gym/run	0	0	Other eg. gym/run

My Riding Diary

Date: 04/03/24



University of Otago
Massey University
University of Canterbury
University of Waikato
University of Auckland
University of Wellington
University of Canterbury
University of Otago
University of Waikato
University of Auckland
University of Wellington

Notes:

Sunday

Saturday

Friday

Thursday

Wednesday

Tuesday

Monday

My Food Diary

Date:

Name:

UNIVERSITY OF NEW ZEALAND

TE KŪNENGĀ KI PĒREHURĀ





Sleep Diary: Morning

Name: _____
Date: _____

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

AM/PM

AM/PM

AM/PM

Last night, it took me about ____ mins to fall asleep:

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

This morning I feel:
Eg. Refreshed (Ref), Tired (Tir), Groggy (Grog), Alert (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

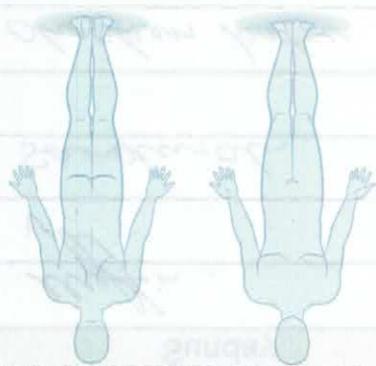


Name: _____
Date: _____

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	Morning
Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon
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
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:



Circle areas affected in falls:

My Riding Diary			
Mondays	Tuesdays	Wednesdays	Thursdays
Falls	Horses ridden	Horses ridden	Falls
Gallops	8	Trackwork	4
Jumpsouts		Trackwork	4
Trials		Trials	1
Races		Races	/
Other eg. gym/run	John	John	John
Fridays	Saturdays	Sundays	
Falls	Horses ridden	Horses ridden	Falls
Gallops	2	Trackwork	6
Jumpsouts		Trials	1
Trials		Races	
Races		Other eg. gym/run	John
Other eg. gym/run	John	John	John
Sundays	Falls	Horses ridden	Horses ridden
Gallops	2	Trackwork	6
Jumpsouts		Trials	1
Trials		Races	
Races		Other eg. gym/run	John
Other eg. gym/run	John	John	John

Name: *John*
Date: *04/03/14*



watering for selenay

Notes:

Saturday	
Snack	soda
Dinner	ice tea
Snack	sugar
Breakfast	sugar

Wednesday	
Snack	coffee + milk
Breakfast	ice coffee + milk
Lunch	sandwhich w/ chicken
Snack	banana
Dinner	McDonalds Pizza
Snack	scooter bar
Breakfast	coffee on toast

Tuesday	
Snack	sandwhich w/ vegie
Breakfast	coffee on toast
Lunch	Mc
Snack	
Dinner	McDonalds pizza
Snack	Mc
Breakfast	sandwhich w/ vegie

Sunday	
Snack	blueberry tea
Dinner	chicken pasta w/mic
Snack	sandwich
Breakfast	muffin

Friday	
Snack	soda
Lunch	Banana
Snack	sourcelled eggs
Breakfast	sourcelled eggs

Wednesday	
Snack	coffee on toast
Breakfast	ice coffee + milk
Lunch	banana
Snack	scooter bar
Dinner	McDonalds Pizza
Snack	soda
Breakfast	ice coffee + milk

Monday	
Snack	Mc
Breakfast	sandwhich w/ vegie
Lunch	Mc
Snack	Mc
Dinner	McDonalds pizza
Snack	Mc
Breakfast	sandwhich w/ vegie

My Food Diary

Date: 04/03/24

Name: *John*

UNIVERSITY OF NEW ZEALAND

TE KŪNENGA KI PĀREHURUA

MASSEY UNIVERSITY





Sleep Diary: Morning

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Last night, I went to bed at:						
10:00 AM/PM	10:00 AM/PM	9:30 AM/PM	9:00 AM/PM	9:30 AM/PM	9:00 AM/PM	10:00 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	7:30 AM/PM
Last night, it took me about ____ mins to fall asleep:						
5 mins	5 mins	5 mins	5 mins	5 mins	10 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						
Temp	Temp	—	—	—	—	—
During the night, I woke up ____ times:						
2 times	2 times	1 times	1 times	1 times	0 times	0 times



Sleep Diary: Night

Name: John
Date: 04/03/24

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

I took a nap:

Yes /No

I had caffeine:

Yes /No

of drinks

Morning

Morning

Morning

Morning

Morning

Morning

Morning

Morning

Morning

Afternoon

Afternoon

Afternoon

Afternoon

Afternoon

Afternoon

Afternoon

Afternoon

Afternoon

Evening

Evening

Evening

Evening

Evening

Evening

Evening

Evening

Evening

Today I exercised for _____ minutes:

120 Mins/hrs

Medications or drugs I used today:

None

None

None

None

None

None

None

None

None

Throughout the day, I felt drowsy:

Never

Never

Never

Never

Never

Never

Never

Never

Never

Sometimes

Sometimes

Sometimes

Sometimes

Sometimes

Sometimes

Sometimes

Sometimes

Sometimes

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

Phone

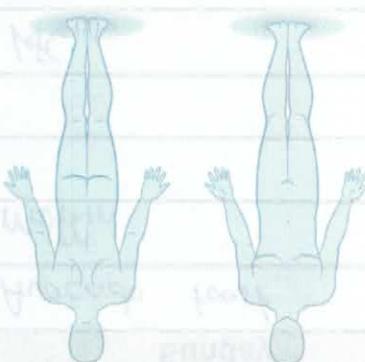
Phone

Phone

Phone

Phone

Fitness focus: Leg Strength



Circle areas affected in falls:

Sunday

Horses ridden

Falls

Other eg. gym/run

2

Races

Trials

Jumpsouts

Gallops

Trackwork

Gym/run

Friday

Horses ridden

Falls

Other eg. gym/run

Run

Races

Trials

Jumpsouts

Gallops

Trackwork

Gym/run

Saturday

Horses ridden

Falls

Other eg. gym/run

Run

Races

Trials

Jumpsouts

Gallops

Trackwork

Gym/run

Wednesday

Horses ridden

Falls

Other eg. gym/run

Run

Races

Trials

Jumpsouts

Gallops

Trackwork

Gym/run

My Riding Diary

UNIVERSITY OF NEW ZEALAND

TE KŪNENGA RI PREDMETOVA



MASSEY UNIVERSITY

THE UNIVERSITY OF NEW ZEALAND

THE UNIVERSITY OF NEW ZEALAND

UNIVERSITY OF NEW ZEALAND

TE KŪNENGA RI PREDMETOVA



MASSEY UNIVERSITY

THE UNIVERSITY OF NEW ZEALAND

THE UNIVERSITY OF NEW ZEALAND

Name: Rydia LindsayDate: 4/3/24



Mondays

Tuesday	
Breakfast	Banana & coffee
Snack	Muesli bar & apricot
Lunch	
Dinner	
Snack	
Breakfast	
Snack	
Lunch	
Dinner	
Snack	

Wednesday	
Breakfast	Banana & coffee
Snack	Muesli bar & apricot
Lunch	
Dinner	
Snack	
Breakfast	
Snack	
Lunch	
Dinner	
Snack	

Saturday	
Breakfast	Avocado & coffee
Snack	Muesli bar & apricot
Lunch	
Dinner	
Snack	
Breakfast	
Snack	
Lunch	
Dinner	
Snack	

Sunday	
Breakfast	Avocado & coffee
Snack	Muesli bar & apricot
Lunch	
Dinner	
Snack	
Breakfast	
Snack	
Lunch	
Dinner	
Snack	

Notes:	

Sunday	
Breakfast	Avocado & coffee
Snack	Muffin
Lunch	
Dinner	
Snack	
Breakfast	
Snack	
Lunch	
Dinner	
Snack	

Friday	
Breakfast	Banana & coffee
Snack	Muesli bar & apricot
Lunch	
Dinner	
Snack	
Breakfast	
Snack	
Lunch	
Dinner	
Snack	

Wednesday	
Breakfast	Banana & coffee
Snack	Muesli bar & apricot
Lunch	
Dinner	
Snack	
Breakfast	
Snack	
Lunch	
Dinner	
Snack	

Mondays	
Breakfast	Banana & coffee
Snack	Muesli bar & apricot
Lunch	
Dinner	
Snack	
Breakfast	
Snack	
Lunch	
Dinner	
Snack	

My Food Diary

Date:

Name:

UNIVERSITY OF NEW ZEALAND

TE RŪNANGA RI PIRĒHURUA





Sleep Diary: Morning

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Last night, I went to bed at:						
9:30 AM/PM	9:10 AM/PM	9:20 AM/PM	9:40 AM/PM	10:00 AM/PM	10:00 AM/PM	9:30 AM/PM
This morning, I woke up at:						
4:10 AM/PM	4:10 AM/PM	4:10 AM/PM	4:10 AM/PM	4:10 AM/PM	5:00 AM/PM	8:10 AM/PM
Last night, it took me about ____ mins to fall asleep:						
1 mins	2 mins	2 mins	2 mins	5 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						
Tired / uncomfortable						
During the night, I woke up ____ times:						
0 times	0 times	0 times	1 times	1 times	2 times	2 times

Name: _____
Date: _____

Sleep Diary: Night

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

I took a nap:

Yes / No

Yes / No						
----------	----------	----------	----------	----------	----------	----------

I had caffeine:

1 # of drinks	2 # of drinks	2 # of drinks	2 # of drinks			
Morning						

Afternoon						
-----------	-----------	-----------	-----------	-----------	-----------	-----------

Evening						
---------	---------	---------	---------	---------	---------	---------

Today I exercised for _____ minutes:

30 Mins/hrs 30 Mins/hrs 30 Mins/hrs 10-15 Mins/hrs 10-15 Mins/hrs 2 hrs Mins/hrs

Medications or drugs I used today:

None						
------	------	------	------	------	------	------

Throughout the day, I felt drowsy:

Never						
Sometimes						

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

TV & phone						
------------	------------	------------	------------	------------	------------	------------

Fitness focus:

Mondays	Tuesdays	Wednesdays	Thursdays	Fridays	Saturdays	Sundays
Horses ridden	Falls	Horses ridden	Falls	Horses ridden	Falls	Horses ridden
4	4	4	4	5	8	10
Gallops	Trackwork	Trackwork	Trackwork	Gallops	Jumpsouts	Races
Jumpsouts	Trials	Trials	Trials	Gallops	Jumpsouts	Trials
Trials	Races	Races	Races	Races	Races	Races
Races	Other eg. gym/run					
Other eg. gym/run						

Date: 4/3/2024

Name: Jim Chung

My Riding Diary

UNIVERSITY OF NEW ZEALAND

TE KŪNENGĀ KI PŪREHURUA



Food diary for week 1

Name: Jim Chung Date: 4/3/2024

Notes:

Saturday	
Breakfast	Avocado Toast, Milk 300ml
Snack	Milk Tea
Lunch	Beef Rice, Milk Tea
Snack	Chocolate 30g
Dinner	Avocado Toast +, Milk 200ml
Snack	Cookies x2
Lunch	Beef Rice, Milk Tea
Snack	Milk Tea
Breakfast	Avocado Toast +, Milk 200ml
Snack	Chocolate 30g
Lunch	Beef Rice, Milk 200ml
Snack	Milk Tea
Dinner	Avocado Toast +
Snack	Avocado Toast +, Milk 300ml

Sunday

Breakfast	Avocado Toast +, Milk 200ml
Snack	Chocolate 30g
Lunch	Chinese Sandwich
Snack	Potato Chips 30g
Dinner	Chicken Sandwich
Snack	Ham & Cheese Sandwich
Lunch	Chinese Sandwich
Snack	Chips Sandwich
Dinner	Chicken Sandwich, Breaded
Snack	Ham & Cheese Sandwich
Breakfast	Avocado Toast +, Milk 300ml

Wednesday	
Breakfast	Avocado Toast +, Milk 200ml
Snack	Chocolate 30g
Lunch	Chicken Rice, Milk 300ml
Snack	Cookies x2
Breakfast	Avocado Toast +, Milk 200ml
Snack	Chocolate 30g
Lunch	Chicken Rice, Milk 300ml
Snack	Cookies x2
Dinner	Avocado Toast +
Snack	Avocado Toast +, Milk 300ml

Friday

Breakfast	Avocado Toast +, Milk 200ml
Snack	Biscuit x1
Lunch	Beef Rice, Milk Tea
Snack	Milk Tea
Breakfast	Avocado Toast +, Milk 200ml
Snack	Chocolate 30g
Lunch	Beef Rice, Milk Tea
Snack	Milk Tea
Dinner	Avocado Toast +
Snack	Chocolate 30g
Lunch	Beef Rice, Milk 300ml
Snack	Cookies x2
Breakfast	Avocado Toast +, Milk 200ml
Snack	Chocolate 30g
Lunch	Beef Rice, Milk 300ml
Snack	Milk Tea
Dinner	Avocado Toast +
Snack	Avocado Toast +, Milk 300ml

Thursday

Tuesday	
Breakfast	Avocado Toast +, Milk 300ml
Snack	Biscuits x2
Lunch	Chicken Rice, Milk 300ml
Snack	Chocolate 30g
Breakfast	Avocado Toast +, Milk 300ml
Snack	Chicken Rice, Milk 300ml
Lunch	Chicken Rice, Milk 300ml
Snack	Chocolate 30g
Dinner	Avocado Toast +
Snack	Avocado Toast +, Milk 300ml

My Food Diary



Sleep Diary: Morning

Name: Jim Chung
Date: 4/3/2024

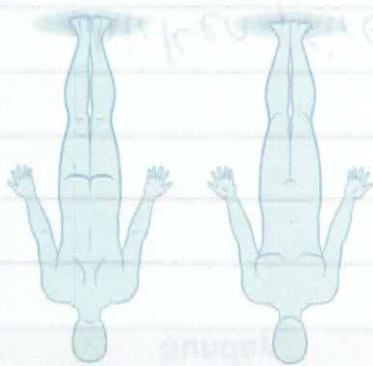
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Last night, I went to bed at:						
8 AM/PM	8 AM/PM	7:30 AM/PM	7:30 AM/PM	8 AM/PM	9 AM/PM	7:30 AM/PM
This morning, I woke up at:						
4 AM/PM	4 AM/PM	4 AM/PM	4 AM/PM	4 AM/PM	4 AM/PM	6 AM/PM
Last night, it took me about ____ mins to fall asleep:						
20 mins	30 mins	15 mins	10 mins	15 mins	10 mins	20 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						
Screen light	Screen light	Dreams				
During the night, I woke up _____ times:						
0 times	1 times	0 times	1 times	0 times	0 times	1 times

Sleep Diary: Night

Name: Jim Chung
Date: 4/3/2024

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
I took a nap:	Yes / No						
I had caffeine:							
# of drinks	Morning	# of drinks	Morning	# of drinks	Morning	# of drinks	Morning
0	0	0	0	0	0	0	0
Mins/hrs	40 Mins/hrs	0 Mins/hrs	40 Mins/hrs	0 Mins/hrs	40 Mins/hrs	0 Mins/hrs	0 Mins/hrs
Medications or drugs I used today:							
0	0	0	0	0	0	0	0
Mins/hrs	0 Mins/hrs	0 Mins/hrs	0 Mins/hrs	0 Mins/hrs	0 Mins/hrs	0 Mins/hrs	0 Mins/hrs
Today I exercised for _____ minutes:							
0	0	0	0	0	0	0	0
Mins/hrs	0 Mins/hrs	0 Mins/hrs	0 Mins/hrs	0 Mins/hrs	0 Mins/hrs	0 Mins/hrs	0 Mins/hrs
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						
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:

Monday	Tuesday	Wednesday	Thursday	Friday
Trackwork	8	8	8	6
Gallops				2
Jumpsouts				8
Trials				8
Races				8
Other eg. gym/run				8
Saturday	Horses ridden	Falls	Horses ridden	Falls
Trackwork	8	8	8	6
Gallops				2
Jumpsouts				8
Trials				8
Races				8
Other eg. gym/run				8
Sunday	Horses ridden	Falls	Horses ridden	Falls
Trackwork	8	8	8	6
Gallops				2
Jumpsouts				8
Trials				8
Races				8
Other eg. gym/run				8
Monday	Tuesday	Wednesday	Thursday	Friday
Trackwork	8	8	8	6
Gallops				2
Jumpsouts				8
Trials				8
Races				8
Other eg. gym/run <td></td> <td></td> <td></td> <td>8</td>				8
Saturday	Horses ridden	Falls	Horses ridden	Falls
Trackwork	8	8	8	6
Gallops				2
Jumpsouts				8
Trials				8
Races				8
Other eg. gym/run				8

My Riding Diary

Date: 04/03/2021

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

Breakfast	Waffles
Snack	
Lunch	
Snack	
Snack	

Saturday	
Breakfast	
Snack	
Lunch	Waffles
Snack	

Breakfast	
Snack	
Lunch	Waffles
Snack	
Snack	

Wednesday	
Breakfast	
Snack	
Lunch	Waffles
Snack	

Breakfast	
Snack	
Lunch	Waffles
Snack	
Snack	

Tuesday	
Breakfast	
Snack	
Lunch	Waffles
Snack	

Breakfast	
Snack	
Lunch	Waffles
Snack	
Snack	

My Food Diary

Date: 01/03/2021

Name: Hayley Lowe

UNIVERSITY OF NEW ZEALAND

TE KŪNENGĀ RI PĒREHURUA





Sleep Diary: Morning

Name: _____
Date: _____

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



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

Afternoon

Afternoon

Afternoon

Afternoon

Afternoon

Afternoon

Afternoon

Evening

Evening

Evening

Evening

Evening

Evening

Evening

Today I exercised for _____ minutes:

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

Sometimes

Sometimes

Sometimes

Sometimes

Sometimes

Sometimes

Sometimes

Very often

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

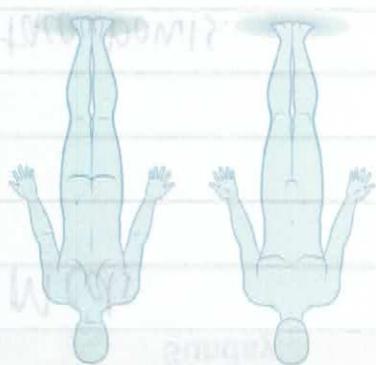
Pos / Neg / Neu

In the hour before bed, my activities included:

Eg. Reading, computer, TV, showering, phone, eating, spending time with partner

--	--	--	--	--	--

Fitness focus:



Circle areas affected in falls:

My Riding Diary

Date: _____

Name: Claudia Miller



CDG
Dinner
Lunch
Snack
Breakfast
Notes:

chicken & veg

toas

Saturday

Snack
Dinner
Snack
Lunch
Snack
Breakfast

dunder

noad (c)

Thursday

Snack
Dinner
Snack
Lunch
Snack
Breakfast

pas

toas

Tuesday

Snack
Dinner
Snack
Lunch
Snack
Breakfast

sauages / potato / rice

bagel

Snack
Dinner
Snack
Lunch
Snack
Breakfast

Monday





Sleep Diary: Morning

Name: _____
Date: _____

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, 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	0 times	0 times

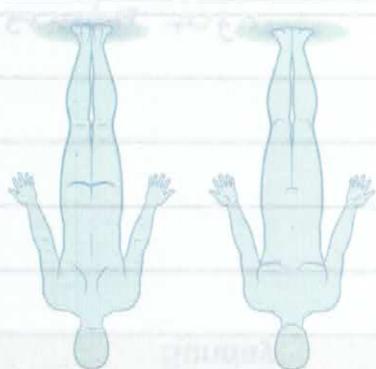


Name: _____
Date: _____

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	
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:					0	0	0
Mins/hrs		Mins/hrs		Mins/hrs		Mins/hrs	
Medications or drugs I used today:							
EU Plan/Goal (or) Vetting (or) Bag (or) HAB (or) ABC							
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							
	2020 DASH: Monday						Time with partner

Fitness focus:



Circle areas affected in falls:

Mondays	Tuesday	Wednesday	Thursday	Fridays	Saturdays	Sundays
Trackwork	Trackwork	Trackwork	Trackwork	Trackwork	Horses ridden	Falls
Gallops	Gallops	Gallops	Gallops	Gallops	Horses ridden	Falls
10	5	4	4	1	1	1
Trials	Jumpsouts	Gallops	Trackwork	Trackwork	Horses ridden	Falls
Trials	Jumpsouts	Gallops	Trackwork	Trackwork	Horses ridden	Falls
Races	Races	Races	Races	Races	Horses ridden	Falls
Other eg. gym/run						

My Riding Diary

Date: _____

Name: ELENICE

Monday	
Breakfast	vegan hash casserole
Lunch	greek salad
Snack	vegan hash casserole
Dinner	vegan hash casserole
Snack	vegan hash casserole
Tuesday	
Breakfast	vegan hash casserole
Lunch	hash
Snack	vegan hash casserole
Dinner	vegan hash casserole
Snack	vegan hash casserole
Wednesday	
Breakfast	vegan hash casserole
Lunch	hash
Snack	vegan hash casserole
Dinner	vegan hash casserole
Snack	vegan hash casserole
Thursday	
Breakfast	hash
Lunch	hash
Snack	hash
Dinner	hash
Snack	hash
Friday	
Breakfast	hash
Lunch	hash
Snack	hash
Dinner	hash
Snack	hash
Saturday	
Breakfast	+ meat is allowed
Lunch	hash
Snack	hash
Dinner	hash
Snack	hash
Sunday	
Breakfast	hash
Lunch	hash
Snack	hash
Dinner	hash
Snack	hash
CDG	CDG

My Food Diary

Date: _____

Date: _____

UNIVERSITY OF NEW ZEALAND





Sleep Diary: Morning

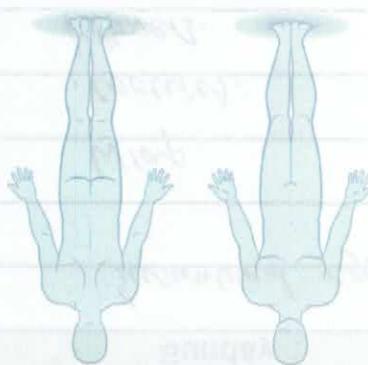
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Last night, I went to bed at:						
8 AM/PM	8.30 AM/PM	9 AM/PM	9 AM/PM	8.30 AM/PM	9.30 AM/PM	9 AM/PM
This morning, I woke up at:						
3 AM/PM	3 AM/PM	3 AM/PM	3 AM/PM	3 AM/PM	3 AM/PM	4.30 AM/PM
Last night, it took me about ____ mins to fall asleep:						
10 mins	20 mins	15 mins	25 mins	10 mins	20 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
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						
heat	moving house					
noise						
During the night, I woke up ____ times:						
0 times	0 times	0 times	0 times	0 times	0 times	6 times



Sleep Diary: Night

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

Fitness focus:



Circle areas affected in falls:

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

My Riding Diary

Date: _____

Name: Ellie



Notes:	
Breakfast	<i>Scrambled eggs</i>

Sunday	
Snack	<i>Snack</i>
Dinner	<i>Lettuce.</i>
Snack	<i>Cold cut.</i>
Lunch	<i>Wheat</i>
Snack	<i>Scrambled eggs</i>

Saturday	
Snack	<i>Avocado on toast</i>
Dinner	<i>Quinoa</i>
Snack	<i>Out for lunch.</i>
Breakfast	<i>Scrambled eggs.</i>

Friday	
Snack	<i>Lettuce</i>
Dinner	<i>Quinoa</i>
Snack	<i>Avocado.</i>
Breakfast	<i>Eggs on toast.</i>

Thursday	
Snack	<i>Chicken wings.</i>
Breakfast	<i>Sausage and eggs</i>
Snack	<i>Ham</i>
Lunch	<i>Avocado</i>

Wednesday	
Snack	<i>Shark pate</i>
Dinner	<i>lettuce</i>
Snack	<i>Milk</i>
Breakfast	<i>Sausage and eggs</i>

Tuesday	
Breakfast	<i>Chicken wings</i>
Snack	<i>Sausage.</i>
Lunch	<i>Wrap</i>
Snack	<i>Fish, salad</i>

Monday	
Breakfast	<i>Eggs on toast</i>
Snack	<i>Eggs on toast</i>
Lunch	<i>Wrap</i>
Snack	<i>biscuits.</i>
Lunch	<i>Sausage.</i>
Snack	<i>biscuits.</i>
Dinner	<i>Stew</i>
Snack	<i>Stew</i>
Breakfast	<i>Chicken wings</i>

Name: Ellie
Date: _____

Sleep Diary: Morning

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Last night, I went to bed at:						
9 AM/PM	9:30 AM/PM	9:30 AM/PM	9 AM/PM	9:30 AM/PM	11:30 AM/PM	9 AM/PM
This morning, I woke up at:						
4 AM/PM	3:30 AM/PM	3:30 AM/PM	4 AM/PM	4 AM/PM	4 AM/PM	7 AM/PM
Last night, it took me about ____ mins to fall asleep:						
5 mins	5 mins	5 mins	5 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	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						
No noise	No noise	thoughts	thoughts	not feeling tired	thoughts	thoughts
During the night, I woke up ____ times:						
0 times	0 times	0 times	0 times	0 times	0 times	0 times

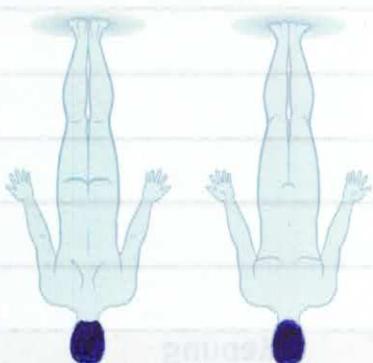


Name: _____
Date: _____

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	Morning						
	Afternoon						
	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							

Fitness focus:



Circle areas affected in falls:

My Riding Diary

Date: 4/3/24

Name: Emily Douglass

My Food Diary

Date: _____

Name: _____





Sleep Diary: Morning

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Last night, I went to bed at:						
10:00 AM/PM	10:00 AM/PM	10:00 AM/PM	10:00 AM/PM	10:00 AM/PM	10:00 AM/PM	10:00 AM/PM
This morning, I woke up at:						
4 AM/PM	4 AM/PM	4:30 AM/PM	4 AM/PM	4 AM/PM	4:30 AM/PM	5:30 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



MASSEY
UNIVERSITY
TE KŪNENGĀ KI PUKEHŪROA

UNIVERSITY OF NEW ZEALAND

Name: _____
Date: _____

Sleep Diary: Night

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

I took a nap:

Yes / No

I had caffeine:

Yes / No

of drinks

Morning

Afternoon

Evening

Throughout the day, I felt drowsy:

Never

Sometimes

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

2100 Distracted

2100 Distracted

2100 Distracted

2100 Distracted