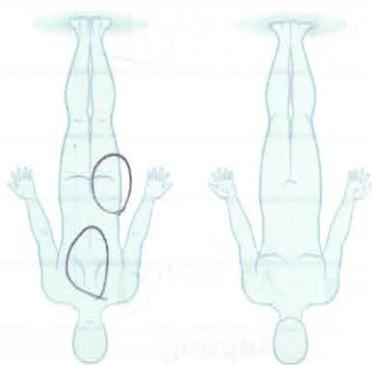


Fitness focus:



Circle areas affected in falls:

My Riding Diary			
Mondays	Tuesdays	Wednesdays	Thursdays
Falls	Horses ridden	Falls	Horses ridden
Trackwork	12	10	10
Gallops	6	4	4
Jumpsouts	6	4	4
Trials	6	6	6
Races	0	0	0
Other eg. gym/run	Run		
Fridays	Saturdays	Sundays	
Falls	Horses ridden	Falls	Horses ridden
Trackwork	6	1	9
Gallops	3	6	6
Jumpsouts	0	0	0
Trials	0	0	0
Races	1	6	0
Other eg. gym/run			
Sundays	Horses ridden	Falls	
Falls	Horses ridden	Falls	Horses ridden
Trackwork	6	1	9
Gallops	3	6	6
Jumpsouts	0	0	0
Trials	0	0	0
Races	1	6	0
Other eg. gym/run			

My Riding Diary

Date: 15/4/24

UNIVERSITY OF NEW ZEALAND

Sunday	Breakfast	Burger King	Snack
	Lunch		Snack
	Dinner	Thai food	Snack
			Snack
			Snack

Saturday	
Breakfast	Snack
Lunch	Snack
	Dinner
	Snack

	Frida
Breakfast	Günter a yf x g o
Snack	Lunch
Dinner	Snack
Snack	K-E-C
	Snack

Breakfast	Banana up & go
Snack	Lunch
Snack	Dinner
Snack	Salmon Vegas
Snack	Snack

Wednesday	Breakfast	Banana up & go
	Snack	
	Lunch	
	Snack	
	Dinner	Steak Veggies
	Snack	
	Snack	
	Snack	

Tuesday	Breakfast	Snack
	Bananan up & go	
		Snack
	Lunch	
	Snack	
	Dinner	
	Sausages Veges	Snack

Monday	Breakfast	Gานานด์ /up & go	Snack
			Snack
	Lunch		Snack
	Dinner	Steak Veggies	Snack

My Food Diary

Date: _____
Name: _____

UNIVERSITY OF NEW ZEALAND





Name: _____
Date: _____

Sleep Diary: Morning

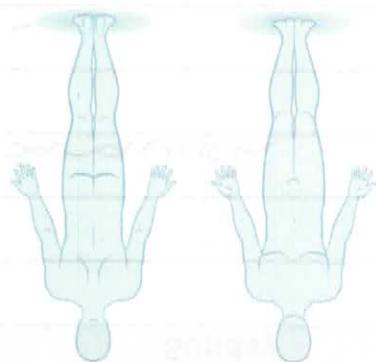
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Last night, I went to bed at:						
9:30 AM/PM	9:30 AM/PM	9:30 AM/PM	9:30 AM/PM	11:00 AM/PM	AM/PM	12 AM/PM
This morning, I woke up at:						
4:30 AM/PM	4:30 AM/PM	4:30 AM/PM	4:30 AM/PM	4:30 AM/PM	4:30 AM/PM	4:30 AM/PM
Last night, it took me about ____ mins to fall asleep:						
10 mins	10 mins	10 mins	30 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	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						
dreams	discomfort	dehydration			thoughts	
During the night, I woke up ____ times:						
1 times	0 times	0 times	0 times	0 times	0 times	0 times



Sleep Diary: Night

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
I took a nap:	Yes / <input checked="" type="radio"/> No						
I had caffeine:							
# of drinks	0	0	0	0	1	2	2
Morning	Morning	Morning	Morning	Morning	Morning	Morning	Afternoon
Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Evening
Evening	Evening	Evening	Evening	Evening	Evening	Evening	Evening
Today I exercised for _____ minutes:							
Mins/hrs							
Medications or drugs I used today:							
ED							
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 / <input checked="" type="radio"/> Neg / Neu	Pos / <input checked="" type="radio"/> Neg / Neu	Pos / <input checked="" type="radio"/> Neg / Neu	Pos / <input checked="" type="radio"/> Neg / Neu	Pos / <input checked="" type="radio"/> Neg / Neu	Pos / <input checked="" type="radio"/> Neg / Neu	Pos / <input checked="" type="radio"/> Neg / Neu	Pos / <input checked="" type="radio"/> Neg / Neu
In the hour before bed, my activities included:							
Eg. Reading, computer, TV, showering, phone, eating, spending time with partner							
phone	Computer	Shower	phone	eating	phone	phone	phone

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	Other eg. gym/run
Trackwork	8	6	Trackwork	9	7	Trackwork	9	13	Trackwork	4	7	TracKwork	4	2	Other eg. gym/run	2	2	Other eg. gym/run	2	2	Other eg. gym/run
Gallops			Gallops			Gallops			Gallops			Gallops			Jumpsouts			Trials			Races
Jumpsouts			Jumpsouts			Jumpsouts			Jumpsouts			Jumpsouts			Gallops			Trials			Trials
Trials			Trials			Trials			Trials			Trials			Races			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			Other eg. gym/run									

My Riding Diary

Date:

UNIVERSITY OF NEW ZEALAND

THE RUNENGIA NI POKERHUA



Name:

Cecil

My Food Diary

Date: _____

卷四

UNIVERSITY OF NEW ZEALAND





Sleep Diary: Morning

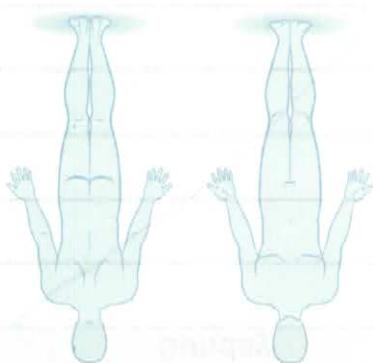
Name: _____
Date: _____

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:	5	5	5	5	5	5	5
Mins/hrs	Mins/hrs	Mins/hrs	Mins/hrs	Mins/hrs	Mins/hrs	Mins/hrs	Mins/hrs
Medications or drugs I used today:							
Overall, my mood today was:	Never						
Eg. Positive (Pos), Negative (Neg), Neutral (Neu)	Sometimes						
Very often	Very often	Very often	Very often	Very often	Very often	Very often	Very often
Overall, my mood today was:	Never						
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:

My Riding Diary

Date: _____

UNIVERSITY OF NEW ZEALAND

THE KUNNGA RI PDEKHURA
UNIVERSITY
MASSAY



My Food Diary

Date: _____

Name: _____





Sleep Diary: Morning

Name: _____
Date: _____

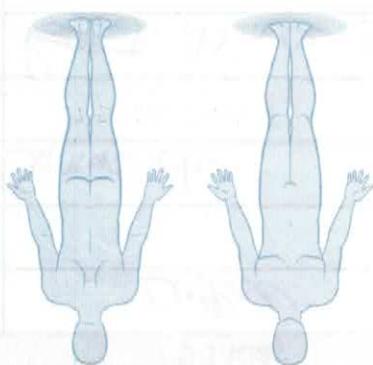
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Last night, I went to bed at:						
8 AM/PM	7.30 AM/PM	9 AM/PM	8 AM/PM	10 AM/PM	8 AM/PM	9 AM/PM
This morning, I woke up at:						
2.45 AM/PM	2.45 AM/PM	2.45 AM/PM	2.45 AM/PM	2.45 AM/PM	5.15 AM/PM	4 AM/PM
Last night, it took me about ____ mins to fall asleep:						
30 mins	45 mins	60 mins	30 mins	90 mins	30 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	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						
NOT TIRED						
During the night, I woke up ____ times:						
○ times	○ times	○ times	○ times	○ times	○ times	○ times



Sleep Diary: Night

Name: _____

Fitness focus:



Circle areas affected in falls:

My Riding Diary

Date: _____

UNIVERSITY OF NEW ZEALAND

三

Name:





Notes:	
Breakfast	Coffee
Lunch	Club sandwich
Snack	Out for tea
Dinner	Chicken wings
Snack	Chips and salad
Breakfast	Coffee
Lunch	Waffles and some chips
Snack	Milk and some fruit
Dinner	Out for dinner
Snack	Coffee

Sunday	
Breakfast	Coffee
Lunch	Sandwich
Snack	Snack
Dinner	Mac and cheese
Snack	Waffles and some chips
Lunch	Waffles and some chips
Snack	Snack
Dinner	Mac and cheese
Snack	Snack
Lunch	Waffles and some chips
Snack	Snack
Dinner	Mac and cheese
Snack	Snack

MY Food Diary

Date:

UNIVERSITY OF NEW ZEALAND



Sleep Diary: Morning

Name: _____
Date: _____

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	11 AM/PM	10:30 AM/PM	9:30 AM/PM
This morning, I woke up at:						
3:30 AM/PM	4:30 AM/PM	4:30 AM/PM	4:30 AM/PM	3:30 AM/PM	3:30 AM/PM	6:00 AM/PM
Last night, it took me about ____ mins to fall asleep:						
5 mins	5 mins	5 mins	5 mins	5 mins	5 mins	5 mins
I felt the quality of my sleep was:						
Eg. Very good (VG), Good (G), Average (A), Bad, (B), Very Bad (VB)						
VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB
This morning I feel:						
Eg. Refreshed (Ref), Tired (Tir), Groggy (Grog), Alert (Al)						
Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al
My sleep was made more difficult by:						
Eg. Temperature, noise, dreams, thoughts, not feeling tired, discomfort						
During the night, I woke up ____ times:						
times	times	times	times	times	times	times

Name: Elle
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:

Mins/hrs

Mins/hrs

Mins/hrs

Mins/hrs

Mins/hrs

Mins/hrs

Medications or drugs I used today:

Mins/hrs

Mins/hrs

Mins/hrs

Mins/hrs

Mins/hrs

Mins/hrs

Throughout the day, I felt drowsy:

Never

Sometimes

Very often

Never

Never

Never

Never

Sometimes

Very often

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

Showering

Reading book

Eating dinner

Spending time with partner

Watching TV

Using phone

Listening to music

Writing notes

Reading book

Eating dinner

Spending time with partner

Watching TV

Using phone

Listening to music

Writing notes

Reading book

Eating dinner

Spending time with partner

Watching TV

Using phone

Listening to music

Writing notes

Reading book

Eating dinner

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Listening to music

Writing notes

Reading book

Eating dinner

Spending time with partner

Watching TV

Using phone

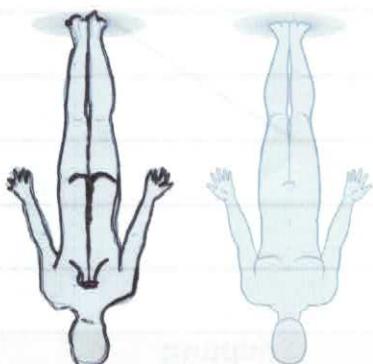
Listening to music

Writing notes

Reading book

</div

Fitness focus:



Circle areas affected in falls:

Monday	Tuesday	Wednesday	Thursday	Friday
Trackwork	7	7	7	7
Gallops	7			
Jumpsouts				
Trials				
Races				
Other eg. gym/run				
Mondays	Horses ridden	Falls	Falls	Falls
Trackwork	7			
Gallops				
Jumpsouts				
Trials				
Races				
Other eg. gym/run				
Tuesdays	Horses ridden	Falls	Falls	Falls
Trackwork	7			
Gallops				
Jumpsouts				
Trials				
Races				
Other eg. gym/run				
Wednesdays	Horses ridden	Falls	Falls	Falls
Trackwork	7			
Gallops				
Jumpsouts				
Trials				
Races				
Other eg. gym/run				
Thursdays	Horses ridden	Falls	Falls	Falls
Trackwork	7			
Gallops				
Jumpsouts				
Trials				
Races				
Other eg. gym/run				
Fridays	Horses ridden	Falls	Falls	Falls
Trackwork	7			
Gallops				
Jumpsouts				
Trials				
Races				
Other eg. gym/run				

My Riding Diary

Date: _____

Name: Alywly Lwko



Notes:

A hand-drawn graph on lined paper. A wavy line starts at the bottom left and trends upwards towards the top right. The x-axis is labeled "Saturday". The y-axis has five categories listed vertically: Breakfast, Snack, Lunch, Snack, Dinner, and Snack. Each category has a horizontal line extending from it to the graph.

	Saturday
Breakfast	
Snack	
Lunch	
Snack	
Dinner	
Snack	

Saturday

Thursday	
Breakfast	Snack
Lunch	Snack
	Dinner
	Snack

Thursday

Tuesday

	Sunday
Breakfast	
Snack	
Lunch	
Snack	
Dinner	
Snack	
Snack	

Sunday

Friday

A graph showing a piecewise linear function $f(x)$ over the interval $[0, 6]$. The x-axis is labeled "Wednesday" and the y-axis has labels for Breakfast, Snack, Lunch, Snack, Dinner, and Snack.

Time	Breakfast	Snack 1	Lunch	Snack 2	Dinner	Snack 3
0	0					
1		1				
2			0.5			
3				2		
4					1	
5						3
6						4

The function $f(x)$ is defined as follows:

- $f(x) = 0$ for $x \in [0, 1]$
- $f(x) = 1$ for $x \in [1, 2]$
- $f(x) = 0.5$ for $x \in [2, 3]$
- $f(x) = 2$ for $x \in [3, 4]$
- $f(x) = 1$ for $x \in [4, 5]$
- $f(x) = 3$ for $x \in [5, 6]$
- $f(x) = 4$ for $x \in [6, 6]$

Wednesday

My Food Diary

Date: _____

Name:



Sleep Diary: Morning

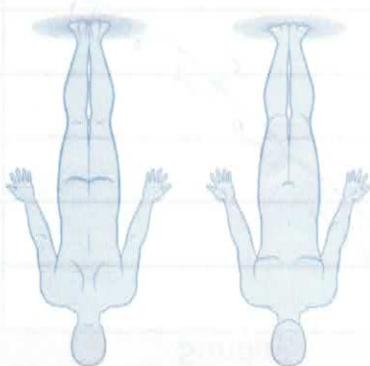
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Last night, I went to bed at:						
01 AM/PM	01 AM/PM	02 AM/PM	01 AM/PM	01 AM/PM	02 AM/PM	02 AM/PM
This morning, I woke up at:						
01 AM/PM	01 AM/PM	01 AM/PM	01 AM/PM	01 AM/PM	01 AM/PM	01 AM/PM
Last night, it took me about ____ mins to fall asleep:						
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 / <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 / <u>Tir</u> / 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	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:						
0 times	0 times	0 times	0 times	0 times	0 times	0 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:							
ED New Zealand logo	ED New Zealand logo	ED New Zealand logo	ED New Zealand logo	ED New Zealand logo	ED New Zealand logo	ED New Zealand logo	ED New Zealand logo
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:

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	Other eg. gym/run	
Trackwork	7	6	Gallops	3	5	Trackwork	5	7	Gallops	2	1	Trackwork	6	5	Gallops	2	1	Jumpsouts	2	1	Races	1
Gallops	6	7	Jumpsouts	1	2	Gallops	1	3	Jumpsouts	2	1	Gallops	2	1	Jumpsouts	2	1	Trials	1	2	Races	1
Jumpsouts	2	1	Trials	1	2	Jumpsouts	2	1	Trials	1	2	Jumpsouts	2	1	Trials	1	2	Trials	1	2	Other eg. gym/run	1
Trials	1	2	Races	1	2	Trials	1	2	Races	1	2	Trials	1	2	Races	1	2	Other eg. gym/run	1	2	Other eg. gym/run	1
Races	2	1	Other eg. gym/run	1	2	Races	2	1	Other eg. gym/run	1	2	Races	2	1	Other eg. gym/run	1	2	Races	2	1	Other eg. gym/run	1
Other eg. gym/run	1	2	Other eg. gym/run	1																		

My Riding Diary

Date: 15/04/24

Name: Ashlea Muller

UNIVERSITY OF NEW ZEALAND

TE KŪNENGA KI PĀREHURUA



My Food Diary

Date: 15/09/24

Name: Ashua Middle

UNIVERSITY OF NEW ZEALAND



Monday	
Breakfast	Cafe
Snack	
Lunch	Cafe my class teacher
Snack	Cafe my class teacher
Dinner	Cafe my class teacher
Snack	
Breakfast	
Tuesday	
Breakfast	
Snack	
Lunch	Cafe my class teacher
Snack	Cafe my class teacher
Dinner	Cafe my class teacher
Snack	
Wednesday	
Breakfast	
Snack	
Lunch	Cafe my class teacher
Snack	Cafe my class teacher
Dinner	Cafe my class teacher
Snack	
Thursday	
Breakfast	
Snack	
Lunch	Cafe my class teacher
Snack	Cafe my class teacher
Dinner	Cafe my class teacher
Snack	
Friday	
Breakfast	
Snack	
Lunch	Cafe my class teacher
Snack	Cafe my class teacher
Dinner	Cafe my class teacher
Snack	
Saturday	
Breakfast	
Snack	
Lunch	Cafe my class teacher
Snack	Cafe my class teacher
Dinner	Cafe my class teacher
Snack	
Sunday	
Breakfast	
Snack	
Lunch	Cafe my class teacher
Snack	Cafe my class teacher
Dinner	Cafe my class teacher
Snack	

Notes:	
Breakfast	Snack
Lunch	Snack
Dinner	Snack
Breakfast	Snack
Saturday	
Breakfast	Snack
Lunch	Snack
Dinner	Snack
Breakfast	Snack
Thursday	
Breakfast	Snack
Lunch	Snack
Dinner	Snack
Breakfast	Snack
Tuesday	
Breakfast	Snack
Lunch	Snack
Dinner	Snack
Breakfast	Snack



Sleep Diary: Morning

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Last night, I went to bed at:						
4 AM/PM	9 AM/PM	9 AM/PM	9 AM/PM	9 AM/PM	11 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	6 AM/PM
Last night, it took me about _____ mins to fall asleep:						
20 mins	20 mins	20 mins	20 mins	20 mins	20 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:						
0 times	0 times	0 times	0 times	0 times	0 times	0 times

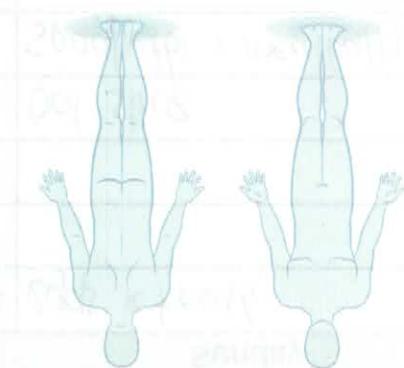
Name: Ashvin Rathna

Date: 15/04/2024

Sleep Diary: Night

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
I took a nap: <input checked="" type="checkbox"/> Yes / No	<input checked="" type="checkbox"/> Yes / No	<input checked="" type="checkbox"/> Yes / No	<input checked="" type="checkbox"/> Yes / No	<input checked="" type="checkbox"/> Yes / No	<input checked="" type="checkbox"/> Yes / No	<input checked="" type="checkbox"/> Yes / No
I had caffeine:						
# 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:						
<input type="radio"/> Mins/hrs	<input type="radio"/> Mins/hrs	<input type="radio"/> Mins/hrs	<input type="radio"/> Mins/hrs	<input type="radio"/> Mins/hrs	<input type="radio"/> Mins/hrs	<input type="radio"/> 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: Eq. Positive (Pos), Negative (Neg), Neutral (Neu)						
<input checked="" type="radio"/> Pos / Neg / Neu	<input checked="" type="radio"/> Pos / Neg / Neu	<input checked="" type="radio"/> Pos / Neg / Neu	<input checked="" type="radio"/> Pos / Neg / Neu	<input checked="" type="radio"/> Pos / Neg / Neu	<input checked="" type="radio"/> Pos / Neg / Neu	<input checked="" type="radio"/> Pos / Neg / Neu
In the hour before bed, my activities included: Eg. Reading, computer, TV, showering, phone, eating, spending time with partner						
<u>phone, eating phone, eating phone, eating phone, eating phone, eating phone, eating</u>						

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	Other eg. gym/run	RUN
Trackwork	7	2	Gallops	0	0	Trackwork	8	8	Gallops	3	4	Trackwork	7	7	Trackwork	8	8	Other eg. gym/run	3
Jumpsouts	2	2	Gallops	4	4	Jumpsouts	4	4	Gallops	3	3	Jumpsouts	7	7	Jumpsouts	3	3	Races	3
Trials	1	1	Trials	1	1	Trials	1	1	Trials	1	1	Trials	1	1	Trials	1	1	Other eg. gym/run	1
Races	0	0	Races	0	0	Races	0	0	Races	0	0	Races	0	0	Races	0	0	Other eg. gym/run	0
Other eg. gym/run	15/4/24																		

My Riding Diary

UNIVERSITY OF NEW ZEALAND

TE KŪNENGĀ KI PŪREHURUA

Name: Crysital LindsayDate: 15/4/24

Monday

My Food Diary

Date:

Name:

UNIVERSITY OF NEW ZEALAND

TE KŪNENGA KI PĀRHEURUA

MASSY UNIVERSITY



Notes:

Saturday

Fridays

Wednesday

Tuesday

Monday



Name: _____
Date: _____

Sleep Diary: Morning

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Last night, I went to bed at:						
9:10 AM/PM	9:10 AM/PM	9:30 AM/PM	9:30 AM/PM	9:10 AM/PM	9:00 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	4:10 AM/PM	8:20 AM/PM
Last night, it took me about ____ mins to fall asleep:	5	3	3	5	5	10
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	
During the night, I woke up ____ times:						
times	times	times	times	2 times	2 times	2 times

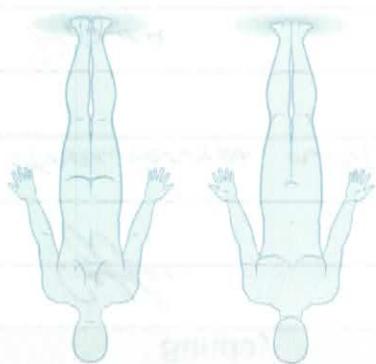


Name: _____
Date: _____

Sleep Diary: Night

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
I took a nap:	Yes / No						
I had caffeine:	Yes / No						
# of drinks	1	2	1	1	1	1	1
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	2	2	2	2	2	2
Mins/hrs	Mins/hrs	Mins/hrs	Mins/hrs	Mins/hrs	Mins/hrs	Mins/hrs	Mins/hrs
Medications or drugs I used today:							
Edged does (ED) and (ED) version of Bag (B) NOA (B) (NB)							
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)	Never	Sometimes	Never	Sometimes	Never	Sometimes	Never
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	Partner	Partner	Partner	Partner	Partner	Partner	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				Horses ridden	Falls			
Trackwork	5	Tuesday	Falls					
Gallops	5	Wednesday	Falls					
Jumpsouts	5	Thursday	Falls					
Trials	2							
Races								
Other eg. gym/run								
Tuesday				Horses ridden	Falls			
Trackwork	2	Wednesday	Falls					
Gallops	3	Thursday	Falls					
Jumpsouts	3	Friday	Falls					
Trials								
Races	2							
Other eg. gym/run								
Wednesday				Horses ridden	Falls			
Trackwork	2	Thursday	Falls					
Gallops	3	Friday	Falls					
Jumpsouts	3	Saturday	Falls					
Trials								
Races	2							
Other eg. gym/run								
Thursday				Horses ridden	Falls			
Trackwork	5	Friday	Falls					
Gallops	3	Saturday	Falls					
Jumpsouts	3	Sunday	Falls					
Trials								
Races	2							
Other eg. gym/run								
Friday				Horses ridden	Falls			
Trackwork	5	Saturday	Falls					
Gallops	3	Sunday	Falls					
Jumpsouts	3							
Trials								
Races	2							
Other eg. gym/run								
Saturday				Horses ridden	Falls			
Trackwork	5	Sunday	Falls					
Gallops	3							
Jumpsouts	3							
Trials								
Races	2							
Other eg. gym/run								
Sunday				Horses ridden	Falls			
Trackwork	5	Sunday	Falls					
Gallops	3							
Jumpsouts	3							
Trials								
Races	2							
Other eg. gym/run								

My Riding Diary

UNIVERSITY OF NEW ZEALAND

Date: 15/04/24

Name: John



Sleep Diary: Morning

Name: Toni
Date: 15/4/04

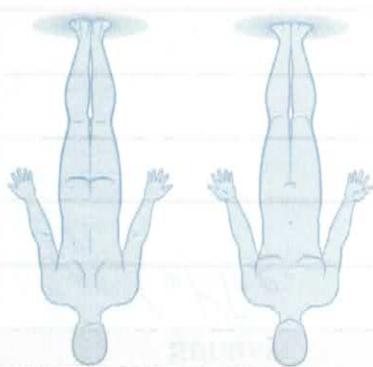
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Last night, I went to bed at:						
9 AM/PM	9 AM/PM	9 AM/PM	8:30 AM/PM	8:30 AM/PM	10:30 AM/PM	9:30 AM/PM
This morning, I woke up at:						
3:35 AM/PM	3:35 AM/PM	3:35 AM/PM	3:35 AM/PM	3:35 AM/PM	3:35 AM/PM	11:00 AM/PM
Last night, it took me about _____ mins to fall asleep:						
5 mins	5 mins	5 mins	5 mins	5 mins	5 mins	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				
My sleep was made more difficult by:						
Eg. Temperature, noise, dreams, thoughts, not feeling tired, discomfort						
Temperature						
—	—	—	—	—	—	—
During the night, I woke up _____ times:						
0 times	0 times	0 times	2 times	0 times	3 times	0 times



Sleep Diary: Night

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
I took a nap:	Yes <input checked="" type="checkbox"/> No	Yes <input checked="" type="checkbox"/> No	Yes <input checked="" type="checkbox"/> No	Yes <input checked="" type="checkbox"/> No	Yes <input checked="" type="checkbox"/> No	Yes <input checked="" type="checkbox"/> No	Yes <input checked="" type="checkbox"/> No
I had caffeine:							
# of drinks	/ # of drinks	/ # of drinks	/ # of drinks	/ # of drinks	/ # of drinks	/ # of drinks	/ # 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:	120 Mins/hrs	120 Mins/hrs	120 Mins/hrs	120 Mins/hrs	120 Mins/hrs	120 Mins/hrs	120 Mins/hrs
Medications or drugs I used today:	Paracetamol	—	—	—	—	—	—
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:							
Eg. Positive (Pos), Negative (Neg), Neutral (Neu)							
(Pos) Neg / Neu	Pos / Neg <input checked="" type="checkbox"/> Neu	Pos / Neg <input checked="" type="checkbox"/> Neu	Pos / Neg <input checked="" type="checkbox"/> 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	TV

Fitness focus:



Circle areas affected in falls:

Monday				Horses ridden	Falls			
Trackwork	7	Tuesday	Falls					
Gallops	6	Wednesday	Horses ridden					
Jumpsouts	2		Falls					
Trials	0							
Races	0							
Other eg. gym/run	0							
Tuesday				Horses ridden	Falls			
Trackwork	6	Wednesday	Falls					
Gallops	2							
Jumpsouts	0							
Trials	0							
Races	0							
Other eg. gym/run	0							
Wednesday				Horses ridden	Falls			
Trackwork	7	Thursday	Falls					
Gallops	6							
Jumpsouts	2							
Trials	0							
Races	0							
Other eg. gym/run	0							
Thursday				Horses ridden	Falls			
Trackwork	6	Friday	Falls					
Gallops	2							
Jumpsouts	0							
Trials	0							
Races	0							
Other eg. gym/run	0							
Friday				Horses ridden	Falls			
Trackwork	8	Saturday	Falls					
Gallops	6							
Jumpsouts	3							
Trials	0							
Races	0							
Other eg. gym/run	0							
Saturday				Horses ridden	Falls			
Trackwork	8	Sunday	Falls					
Gallops	6							
Jumpsouts	3							
Trials	0							
Races	0							
Other eg. gym/run	0							

MY Riding Diary

Date: 15/04/24
Name: Jeffree Wardle

UNIVERSITY OF NEW ZEALAND



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

Breakfast	Coffee
Snack	
Lunch	
Snack	
Dinner	
Snack	
Breakfast	Coffee

Sunday

Breakfast	Coffee
Snack	
Lunch	
Snack	
Dinner	
Snack	
Breakfast	Coffee
Snack	
Lunch	
Snack	
Dinner	
Snack	
Breakfast	Coffee

Friday

Breakfast	Coffee
Snack	
Lunch	
Snack	
Dinner	
Snack	
Breakfast	Coffee
Snack	
Lunch	
Snack	
Dinner	
Snack	
Breakfast	Coffee

Wednesday

Breakfast	Coffee
Snack	
Lunch	
Snack	
Dinner	
Snack	
Breakfast	Coffee
Snack	
Lunch	
Snack	
Dinner	
Snack	
Breakfast	Coffee

Thursday

Breakfast	Coffee
Snack	
Lunch	
Snack	
Dinner	
Snack	
Breakfast	Coffee
Snack	
Lunch	
Snack	
Dinner	
Snack	
Breakfast	Coffee

Monday

Breakfast	Coffee
Snack	
Lunch	
Snack	
Dinner	
Snack	
Breakfast	Coffee
Snack	
Lunch	
Snack	
Dinner	
Snack	
Breakfast	Coffee

Tuesday

Breakfast	Coffee
Snack	
Lunch	
Snack	
Dinner	
Snack	
Breakfast	Coffee
Snack	
Lunch	
Snack	
Dinner	
Snack	
Breakfast	Coffee



MASSEY
UNIVERSITY
TE KŪMENGĀ KI PŪREHŪRŌ

UNIVERSITY OF NEW ZEALAND

Name: Jelesh Mandine
Date: 15/04/2022

Sleep Diary: Morning

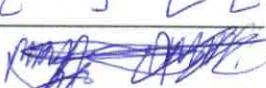
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Last night, I went to bed at:						
8.30 AM/PM	8.30 AM/PM	2.30 AM/PM	8.30 AM/PM	8.30 AM/PM	8.30 AM/PM	AM/PM
This morning, I woke up at:						
3.50 AM/PM	3.50 AM/PM	3.50 AM/PM	3.50 AM/PM	3.50 AM/PM	3.50 AM/PM	AM/PM
Last night, I slept for:						
hrs	hrs	hrs	hrs	hrs	hrs	hrs
Last night, it took me about ____ mins to fall asleep:						
mins	mins	mins	mins	mins	mins	mins
I felt the quality of my sleep was:						
Eg. Very good (VG), Good (G), Average (A), Bad, (B), Very Bad (VB)	VG / <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
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: <input checked="" type="checkbox"/> Yes / No	<input checked="" type="checkbox"/> Yes / No	<input checked="" type="checkbox"/> Yes / No	<input checked="" type="checkbox"/> Yes / No	<input checked="" type="checkbox"/> Yes / No	<input checked="" type="checkbox"/> Yes / No	<input checked="" type="checkbox"/> Yes / No
I had caffeine:						
# 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:						
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
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						

Fitness focus:

Mondays	Tuesdays	Wednesdays	Thursdays	Fridays	Saturdays	Sundays
Horses ridden	Falls	Horses ridden	Falls	Horses ridden	Falls	Horses ridden
Trackwork	6	4	6	10	5	9
Gallops	6	4	5	11	5	2
Jumpsouts						
Trials						
Races						
Other eg. gym/run						
Lam	Lam	Lam	Lam	Lam	Lam	Lam
Date: 27.5.24	Name: 	Name: 	Name: 	Name: 	Name: 	Name: 

My Food Diary

Date: _____

Name:

Tuesday	
Breakfast	up & go
Lunch	up & go
Snack	Chicken
Dinner	up & go
Snack	up & go
Breakfast	up & go
Wednesday	
Breakfast	up & go
Lunch	up & go
Snack	up & go
Dinner	up & go
Snack	up & go
Breakfast	up & go
Thursday	
Breakfast	up & go
Lunch	up & go
Snack	up & go
Dinner	up & go
Snack	up & go
Breakfast	up & go
Friday	
Breakfast	up & go
Lunch	up & go
Snack	up & go
Dinner	up & go
Snack	up & go
Breakfast	up & go
Saturday	
Breakfast	Weet-Bix
Snack	up & go
Lunch	up & go
Snack	up & go
Dinner	up & go
Snack	up & go
Breakfast	up & go
Sunday	
Breakfast	up & go
Lunch	up & go
Snack	up & go
Dinner	up & go
Snack	up & go
Breakfast	up & go
Monday	
Breakfast	up & go
Lunch	up & go
Snack	up & go
Dinner	up & go
Snack	up & go
Breakfast	up & go
Tuesday	
Breakfast	up & go
Lunch	up & go
Snack	up & go
Dinner	up & go
Snack	up & go
Breakfast	up & go
Wednesday	
Breakfast	up & go
Lunch	up & go
Snack	up & go
Dinner	up & go
Snack	up & go
Breakfast	up & go
Thursday	
Breakfast	up & go
Lunch	up & go
Snack	up & go
Dinner	up & go
Snack	up & go
Breakfast	up & go
Friday	
Breakfast	up & go
Lunch	up & go
Snack	up & go
Dinner	up & go
Snack	up & go
Breakfast	up & go
Saturday	
Breakfast	up & go
Lunch	up & go
Snack	up & go
Dinner	up & go
Snack	up & go
Breakfast	up & go
Sunday	
Breakfast	up & go
Lunch	up & go
Snack	up & go
Dinner	up & go
Snack	up & go
Breakfast	up & go

Monday	
Breakfast	Up & go
Snack	HFC
Lunch	Up & go
Snack	Up & go
Dinner	HFC
Tuesday	
Breakfast	Up & go
Snack	Up & go
Lunch	Up & go
Snack	Up & go
Dinner	Up & go
Wednesday	
Breakfast	Up & go
Snack	Up & go
Lunch	Up & go
Snack	Up & go
Dinner	Up & go
Thursday	
Breakfast	Up & go
Snack	Up & go
Lunch	Up & go
Snack	Up & go
Dinner	Up & go
Friday	
Breakfast	Up & go
Snack	Up & go
Lunch	Up & go
Snack	Up & go
Dinner	Up & go
Saturday	
Breakfast	Up & go
Snack	Up & go
Lunch	Up & go
Snack	Up & go
Dinner	Up & go
Sunday	
Breakfast	Up & go
Snack	Up & go
Lunch	Up & go
Snack	Up & go
Dinner	Up & go
HFC	



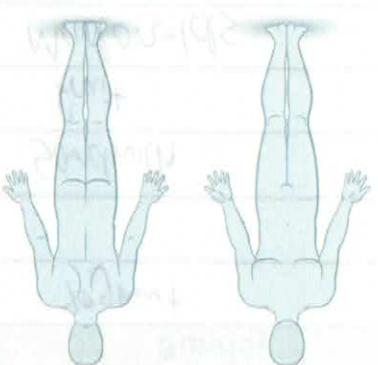
Sleep Diary: Morning

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Last night, I went to bed at:						
9 AM/PM	9:30 AM/PM	10:30 AM/PM	10:30 AM/PM	9 AM/PM	10 AM/PM	11:30 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	9 AM/PM
Last night, it took me about ____ mins to fall asleep:	10	10	12	20	10	30
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	temp	temp	temp	Noise
During the night, I woke up ____ times:	2	2	0	0	0	0
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	0	0	0	0	0	0	0
Afternoon	0	0	0	0	0	0	0
Evening	0	0	0	0	0	0	0
Today I exercised for _____ minutes:	0	0	1 HR				
Medications or drugs I used today:	0	0	0	0	0	0	0
	Mins/hrs						
Throughout the day, I felt drowsy:	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	Never	Sometimes	Never	Sometimes	Never
Eg. Positive (Pos), Negative (Neg), Neutral (Neu)	Pos / Neg / Neu						
Pos / Neg / Neu	Pos / Neg / Neu	Pos / Neg / Neu	Pos / Neg / Neu	Pos / Neg / Neu	Pos / Neg / Neu	Pos / Neg / Neu	Pos / Neg / Neu
In the hour before bed, my activities included:							
Eg. Reading, computer, TV, showering, phone, eating, spending time with partner							
PC	PC	Gym	Gym	Gym	Phone	Phone	Phone
	Sunday						

Fitness focus:



Circle areas affected in falls:

My Riding Diary

Date: 27.5.24

Name: Lily Sutherland

Name: Lily Sutherland

UNIVERSITY OF NEW ZEALAND

TE KUNENGĀ KI PŪREHUROA





CD



Notes:

Saturday

Yoghurt + muesli bars

Snack

Dinner

Fruit

Sandwich

Snack

Breakfast

Wrap

(Chicken wrap)

Yoghurt

Friday

Thursday

Apple

Snack

Dinner

Wrap

Muesli bar

Jerk

Snack

Breakfast

Wednesday

Apple + muesli bar

Snack

Dinner

Wrap

Jerk + fruit + muesli bar

Lunch

Snack

Breakfast

Yoghurt

Tuesday

Muesli bar + fruit

Wrap

Fruit

Yoghurt

Monday

My Food Diary

UNIVERSITY OF NEW ZEALAND



Sleep Diary: Morning

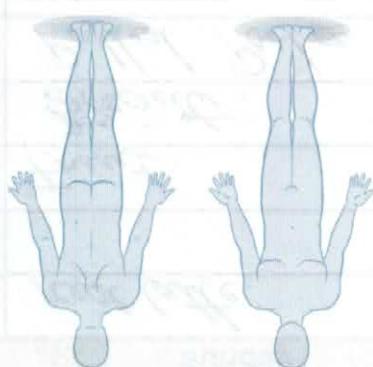
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Last night, I went to bed at:						
6.30 AM <input checked="" type="radio"/>	6 AM <input checked="" type="radio"/>	8 AM <input checked="" type="radio"/>	8 AM <input checked="" type="radio"/>	8 AM <input checked="" type="radio"/>	8 AM <input checked="" type="radio"/>	6.30 AM <input checked="" type="radio"/>
This morning, I woke up at:						
5 AM/PM <input checked="" type="radio"/>	5 AM/PM <input checked="" type="radio"/>	5 AM/PM <input checked="" type="radio"/>	5 AM/PM <input checked="" type="radio"/>	5 AM/PM <input checked="" type="radio"/>	5 AM/PM <input checked="" type="radio"/>	5 AM/PM <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
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 / <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"/>	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	times	times	times	times	times	times

Sleep Diary: Night

Name: Lily Sutherland
Date: 23.5.24

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
I took a nap: Yes / <input checked="" type="checkbox"/> No	Yes / <input checked="" type="checkbox"/>	Yes / <input checked="" type="checkbox"/>	Yes / <input checked="" type="checkbox"/>	Yes / <input checked="" type="checkbox"/>	Yes / <input checked="" type="checkbox"/>	Yes / <input checked="" 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:	1.20 Mins/ <input checked="" type="checkbox"/>	1 Mins/ <input checked="" type="checkbox"/>	1 Mins/ <input checked="" type="checkbox"/>	1 Mins/ <input checked="" type="checkbox"/>	1.20 Mins/ <input checked="" type="checkbox"/>	Mins/hrs
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
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 talking						

Fitness focus:



Circle areas affected in falls:

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



Head to bed/sleep well

Notes:

Saturday

Breakfast	<i>Fruit</i>
Lunch	<i>Cracker with Cheese & Dose</i>
Snack	<i>Fruit + Quinoa flakes</i>
Dinner	<i>Steak + Cauliflower</i>
Snack	<i>Milk + Honey</i>

Thursday

Breakfast	<i>Cottage + Sausage</i>
Lunch	<i>Fruit</i>
Snack	<i>Apple + Sausage</i>
Dinner	<i>Mac + Cheese with Pesto</i>
Snack	<i>Milk + Veggie</i>

Sunday

Breakfast	<i>Ice cream coffee</i>
Lunch	<i>Fruit</i>
Snack	<i>Biscuit</i>
Dinner	<i>Pulled Pork Burger</i>
Snack	<i>Milk</i>

Friday

Breakfast	<i>Coffee</i>
Lunch	<i>Steak sandwich</i>
Snack	<i>Milk</i>
Dinner	<i>Fish + Cauliflower</i>
Snack	<i>Milk + Honey</i>

Wednesday

Breakfast	<i>Cottage</i>
Lunch	<i>Fruit + Ham sandwich</i>
Snack	<i>Fruit</i>
Dinner	<i>Mac + Cheese with Pesto</i>
Snack	<i>Milk + Veggie</i>

Tuesday

Breakfast	<i>Tea</i>
Lunch	<i>Sandwich</i>
Snack	<i>Milk</i>
Dinner	<i>Brown + Butte Dinner</i>
Snack	<i>Milk + Bar</i>

Monday

My Food Diary

Date: 20/05/24

Name: Jess

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TE KŪNNGA KI PŪREHURUA



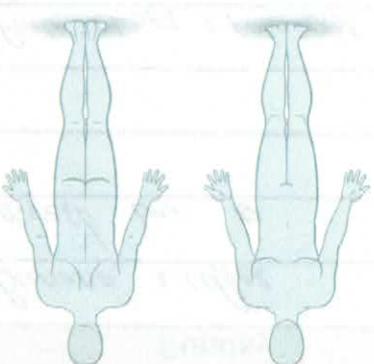


Sleep Diary: Morning

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Last night, I went to bed at:						
10:00 AM/PM	9:00 AM/PM	9:00 AM/PM	9:00 AM/PM	11:00 AM/PM	0:30 AM/PM	8:30 AM/PM
This morning, I woke up at:						
9:00 AM/PM	3:35 AM/PM	3:20 AM/PM	7:00 AM/PM	3:35 AM/PM	3:35 AM/PM	7:00 AM/PM
Last night, it took me about 5 mins to fall asleep:						
5 mins	5 mins	5 mins	5 mins	15 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						
Thoughts						
During the night, I woke up _____ times:						
/ times	3 times	2 times	1 times	0 times	1 times	1 times

Sleep Diary: Night

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
I took a nap:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes / <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes / <input checked="" type="checkbox"/> No <input type="checkbox"/>			
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:	0 Mins/hrs	120 Mins/hrs	60 Mins/hrs	0 Mins/hrs	120 Mins/hrs	60 Mins/hrs	60 Mins/hrs
Medications or drugs I used today:							
Throughout the day, I felt drowsy:	Never <input checked="" type="checkbox"/>	Never <input checked="" type="checkbox"/>	Never <input checked="" type="checkbox"/>				
Never <input checked="" type="checkbox"/>	Sometimes <input checked="" type="checkbox"/>	Sometimes <input checked="" type="checkbox"/>	Sometimes <input checked="" type="checkbox"/>	Sometimes <input checked="" type="checkbox"/>	Sometimes <input checked="" type="checkbox"/>	Sometimes <input checked="" type="checkbox"/>	Sometimes <input checked="" type="checkbox"/>
Sometimes <input checked="" type="checkbox"/>	Very often <input checked="" type="checkbox"/>	Very often <input checked="" type="checkbox"/>	Very often <input checked="" type="checkbox"/>	Very often <input checked="" type="checkbox"/>	Very often <input checked="" type="checkbox"/>	Very often <input checked="" type="checkbox"/>	Very often <input checked="" type="checkbox"/>
Very often <input checked="" type="checkbox"/>							
Overall, my mood today was:							
Eg. Positive (Pos), Negative (Neg), Neutral (Neu)							
Pos / Neg / Neu	Pos / Neg / Neu	Pos / Neg / Neu	Pos / Neg / Neu	Pos / Neg / Neu	Pos / Neg / Neu	Pos / Neg / Neu	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: *strength*

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	8	7	Trackwork	7	6	Trackwork	8	7	Trackwork	7	6	Trackwork	4	5	Gallops	4	3	Jumpsouts	4	2
Gallops	0	0	Races	0	0	Trials	0	0												
Jumpsouts	0	0	Other eg. gym/run	Run	Run	Other eg. gym/run	Run	Run												
Trials	0	0	Races	0	0	Races	0	0												
Races	0	0	Other eg. gym/run	Run	Run	Other eg. gym/run	Run	Run												
Other eg. gym/run	Run	Run																		

My Riding Diary

Date:

Name: *Lyndall*

UNIVERSITY OF NEW ZEALAND

TE KŪNENGĀ NI PŪREHURAO



Monday	
Breakfast	Buncaña & coffee
Snack	Mveatl bar & go
Lunch	Jocalte
Dinner	Pold belly roast
Snack	Cradlers
Lunch	Jocalte
Dinner	Pold belly roast
Snack	Cradlers
Breakfast	Buncaña & coffee
Snack	Mveatl bar & go
Lunch	Qulcha
Dinner	Sfunk & veg
Snack	Chocolate
Breakfast	Buncaña & coffee
Snack	Mveatl bar & go
Lunch	Ple
Dinner	Sfunk & veg
Snack	Chocolate
Breakfast	Buncaña & coffee
Snack	Mveatl bar & go
Lunch	Ple
Dinner	Sfunk & veg
Snack	Chocolate
Tuesday	
Breakfast	Buncaña & coffee
Snack	Mveatl bar & cradlers
Lunch	Jocalte
Dinner	Pold belly roast
Snack	Cradlers
Lunch	Jocalte
Dinner	Pold belly roast
Snack	Cradlers
Breakfast	Buncaña & coffee
Snack	Mveatl bar & go
Lunch	Qulcha
Dinner	Sfunk & veg
Snack	Chocolate
Wednesday	
Breakfast	Buncaña & coffee
Snack	Mveatl bar & go
Lunch	Ple
Dinner	Sfunk & veg
Snack	Chocolate
Thursday	
Breakfast	Buncaña & coffee
Snack	Mveatl bar & go
Lunch	Ple
Dinner	Sfunk & veg
Snack	Chocolate
Friday	
Breakfast	Buncaña & coffee
Snack	Mveatl bar & go
Lunch	Craclers
Dinner	Sfunk & veg
Snack	Chocolate
Saturday	
Breakfast	Buncaña & coffee
Snack	Mveatl bar & go
Lunch	Ple
Dinner	Sfunk & veg
Snack	Chocolate
Sunday	
Breakfast	Buncaña & coffee
Snack	Mveatl bar & go
Lunch	Jocalte
Dinner	Rice & paellas / suspi.卓
Snack	Chocolate
Dinner	Pork chops & potato leeks & veg
Snack	Snack

My Food Diary

Date: _____
Name: _____

UNIVERSITY OF NEW ZEALAND





Sleep Diary: Morning

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Last night, I went to bed at:						
9:10 AM/PM	9:10 AM/PM	9:10 AM/PM	9 AM/PM	10 AM/PM	10:30 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 AM/PM
Last night, it took me about ____ mins to fall asleep:	5	5	5	10	5	5
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				Thoughts	Discomfort	
During the night, I woke up ____ times:	1	times	times	1	times	2 times
times	1	times	times	1	times	2 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:							
1 # of drinks	2 # of drinks	1 # of drinks	1 # of drinks	1 # of drinks	2 # 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: - not incl TV	1 Mins/hrs	1 Mins/hrs	1 Mins/hrs	1 Mins/hrs	Rules Mins/hrs	30 Mins/hrs	
Medications or drugs I used today:							
Overall, my mood today was:	Never	Sometimes	Sometimes	Sometimes	Never	Sometimes	Never
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:	Reading, computer, TV, showering, phone, eating, spending time with partner	TV, Phone	TV, Phone	TV, Phone	TV, Phone	TV, Phone	TV, Phone

Fitness focus:

Mondays	Horses ridden	Falls	Tuesdays	Horses ridden	Falls	Wednesday	Horses ridden	Falls	Thursdays	Horses ridden	Falls	Fridays	Horses ridden	Falls	Saturdays	Horses ridden	Falls	Sundays	Horses ridden	Falls
Trackwork	8	1	Gallops	3	8	Trackwork	11	11	Trackwork	8	2	Gallops	3	Trials	Trials	Races	Other eg. gym/run	Run	Other eg. gym/run	Run
Jumpsouts			Gallops			Jumpsouts			Jumpsouts			Gallops			Trials		Races	Trials	Jumpsouts	Gallops
Trials			Trials			Trials			Trials			Trials			Races		Other eg. gym/run	Run	Other eg. gym/run	Run
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

Date: 27th / 5 / 24

Name: Emily Waller

UNIVERSITY OF NEW ZEALAND

TE KŪNENGĀ KI PŪRHEURĀ





Monday

Breakfast	Muesli Bar
Snack	Wrap
Lunch	Poridge / yoghurt
Snack	
Dinner	Lasagna

My Food Diary

Date: 29/6/24

Name: Emily

UNIVERSITY OF NEW ZEALAND

TE KURANGA RI PŪREHURA

MASSEY UNIVERSITY



Tuesday

Breakfast	Muesli Bar
Snack	Wrap
Lunch	Poridge / yoghurt
Snack	
Dinner	Lasagna

Wednesday

Breakfast	Muesli Bar
Snack	
Lunch	Poridge / Rannanga
Snack	
Dinner	Salad

Thursday

Breakfast	Muesli Bar
Snack	
Lunch	Poridge / Rannanga
Snack	
Dinner	Salad

Saturday

Breakfast	Muesli Bar
Snack	
Lunch	Poridge
Snack	
Dinner	Subway (Chowder)

Sunday

Breakfast	WeetBix
Snack	
Lunch	
Snack	
Dinner	Roast

Notes:



Sleep Diary: Morning

Name: Emily Wollter
Date: 24th / 6 / 24

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Last night, I went to bed at:						
7 AM/PM	8 AM/PM	8 AM/PM	8 AM/PM	8 AM/PM	8 AM/PM	10 AM/PM
This morning, I woke up at:						
5 AM/PM	5:50 AM/PM	5:50 AM/PM	5:50 AM/PM	5:50 AM/PM	5:50 AM/PM	9 AM/PM
Last night, it took me about _____ mins to fall asleep:						
Straight mins	Quick mins	Quick mins	quicK mins	quicK mins	quicK mins	quicK 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						
During the night, I woke up _____ times:						
times	3 times	U times	3 times	3 times	didn't sleep times	None times

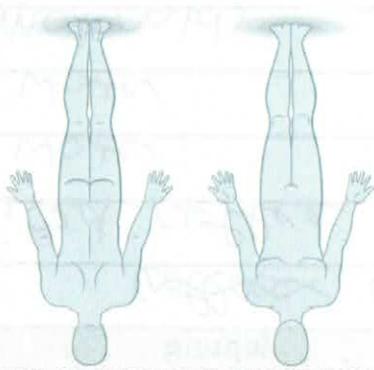
Name: emily willer

Date: 27th/6/24

Sleep Diary: Night

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

Fitness focus:



Circle areas affected in falls:

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

My Riding Diary

Date:

Name: Eile

UNIVERSITY OF NEW ZEALAND

THE KĀUANGA RI PŪREHUROA
MASSEY UNIVERSITY





Notes:

Breakfast	Coffee Coffee Coffee
Snack	Ice cream Ice cream Ice cream
Lunch	Wheat Wheat Wheat
Snack	Wheat Wheat Wheat
Dinner	McDonald's McDonald's McDonald's

Breakfast	Coffee Coffee Coffee Cup of tea
Snack	Wheat Wheat Wheat
Lunch	Wheat Wheat Wheat
Snack	Wheat Wheat Wheat
Dinner	McDonald's McDonald's McDonald's

Sunday

Breakfast	Coffee Coffee Coffee Cream, ice-cream pudding cake
Snack	Pork chops Veggie Potato
Lunch	Swarmwich Swarmwich Swarmwich
Snack	Eggs on toast Sausage
Dinner	Eggs Wheat Wheat

Friday

Breakfast	Coffee Coffee Coffee Cup of tea
Snack	Ladyfinger
Lunch	Eggs Wheat Wheat
Snack	Eggs Wheat Wheat
Dinner	Eggs Wheat Wheat

Wednesday

Breakfast	Coffee Coffee Coffee Tea
Snack	Eggs Wheat Wheat
Lunch	Eggs Wheat Wheat
Snack	Eggs Wheat Wheat
Dinner	Wheated potato Macaroni and cheese

Monday

Breakfast	Coffee Coffee Coffee Eggs on toast
Snack	Eggs Wheat Wheat
Lunch	Eggs Wheat Wheat
Snack	Eggs Wheat Wheat
Dinner	Chicken chicken chicken

Tuesday

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	9:30 AM/PM	9 AM/PM	10 AM/PM	10 AM/PM
This morning, I woke up at:						
4:30 AM/PM	3:30 AM/PM	4:30 AM/PM	3:30 AM/PM	4:30 AM/PM	4:00 AM/PM	7:00 AM/PM
Last night, it took me about ____ mins to fall asleep:						
5 mins	5 mins	5 mins	5 mins	5 mins	5 mins	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						
			Thoughts	Thoughts		
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 <input checked="" 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	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:							
<input checked="" type="checkbox"/> <input type="checkbox"/>							
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							
Showering	Showering	Showering	Spending time with partner				
Phone	Phone	Phone	Phone	Phone	Phone	Phone	Phone

My Riding Diary

Date: 20/5/2024

Name: Jin Chong

UNIVERSITY OF NEW ZEALAND



Monday

Date: 20/5/2024

Name: Jim Chung

Tuesday

Breakfast: Avocado x1, Bocconcini

Snack: Cheese cake x1

Lunch: Avocado x1, Bocconcini, Milk

Snack: Cakes x2

Breakfast: Brie, Cheddar, Rice, Caffee

Snack: Cakes & Bocconcini

Lunch: Avocado x1, Bocconcini and Milk Tea

Snack: Biscuits x2

Breakfast: Avocado x1, Bocconcini, Milk

Snack: Hot Chocolate, Brownie x2

Lunch: Egg, salad Sandwich

Snack: Chips

Dinner: Avocado, Bocconcini and Rice

Wednesday

Breakfast: Avocado x1, Bocconcini, Milk

Snack: Biscuits and Rice, Milk

Lunch: Hot Chocolate, Brownie x2

Snack: Egg, salad Sandwich

Dinner: Avocado, Bocconcini and Rice

Snack: Chips

Thursday

Breakfast: Avocado x1, Bocconcini, Milk

Snack: Cakes x2

Lunch: Avocado x1, Bocconcini and Milk Tea

Snack: Biscuits x2

Dinner: Avocado, Bocconcini and Rice

Friday

Breakfast: Avocado x1, Bocconcini, Milk

Snack: Biscuits and Rice, Milk

Lunch: Hot Chocolate, Brownie x2

Snack: Egg, salad Sandwich

Dinner: Avocado, Bocconcini and Rice

Snack: Chips

Saturday

Breakfast: Avocado x1, Bocconcini, Milk

Snack: Biscuits and Rice, Milk

Lunch: Hot Chocolate, Brownie x2

Snack: Egg, salad Sandwich

Dinner: Avocado, Bocconcini and Rice

Snack: Chips

Sunday

Breakfast: Avocado x1, Bocconcini, Milk

Snack: Biscuits and Rice, Milk

Lunch: Hot Chocolate, Brownie x2

Snack: Egg, salad Sandwich

Dinner: Avocado, Bocconcini and Rice

Snack: Chips

Notes: Chocolate 30g

MY Food Diary

UNIVERSITY OF NEW ZEALAND





Sleep Diary: Morning

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Last night, I went to bed at:						
7:30 AM/PM	7:30 AM/PM	7:00 AM/PM	7:30 AM/PM	7:30 AM/PM	7:30 AM/PM	8 AM/PM
This morning, I woke up at:						
3:30 AM/PM	3:30 AM/PM	3:30 AM/PM	3:30 AM/PM	5:00 AM/PM	3:30 AM/PM	5 AM/PM
Last night, it took me about ____ mins to fall asleep:						
10 mins	15 mins	15 mins	20 mins	20 mins	15 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						
/ times	/ times	/ times	/ times	/ times	/ times	/ times
During the night, I woke up ____ times:						
/ times	/ times	/ times	/ times	/ times	/ times	/ times

Name: Jim Chung
Date: 20/5/2024

Sleep Diary: Night

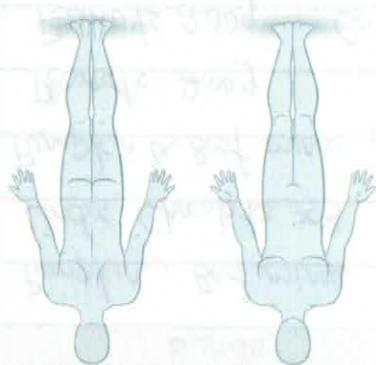
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
I took a nap: <input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes / No	<input checked="" type="radio"/> Yes / No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes / No
I had caffeine: <input type="radio"/> # of drinks	<input type="radio"/> # of drinks	<input type="radio"/> # of drinks	<input type="radio"/> # of drinks	<input type="radio"/> # of drinks	<input type="radio"/> # of drinks	<input type="radio"/> # of drinks
Morning	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	40 Mins/hrs	<input type="radio"/> Mins/hrs	0 Mins/hrs	30 Mins/hrs	<input type="radio"/> Mins/hrs	0 Mins/hrs
Medications or drugs I used today:						
✓	✓	✓	✓	✓	✓	✓
Throughout the day, I felt drowsy:						
Never	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
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	Phone	Phone	Phone	Phone	Phone	Phone

My Riding Diary

Name: Jim Chung Date: 1/7/2024

UNIVERSITY OF NEW ZEALAND
TE RŪNENGĀ RI PŪRERŪRĀ
MASSEY UNIVERSITY

Fitness focus: Sleep



Circle areas affected in falls:

Monday	Horses ridden	Falls	Tuesday	Horses ridden	Falls	Wednesday	Horses ridden	Falls	Thursday	Horses ridden	Falls	Friday	Horses ridden	Falls	Saturday	Horses ridden	Falls	Sunday	Horses ridden	Falls	Other eg. gym/run
Trackwork	8	6	Trackwork	5	4	Gallops	3	11	Trials	Races	7	Jumpsouts	2	Trackwork	8	6	Sunday	Horses ridden	Falls	Other eg. gym/run	
Gallops	6	5	Gallops	4	5	Jumpsouts	3	5	Trials	Races	7	Jumpsouts	2	Gallops	8	6	Sunday	Horses ridden	Falls	Other eg. gym/run	
Jumpsouts	4	4	Jumpsouts	3	3	Gallops	2	2	Trials	Races	7	Jumpsouts	1	Gallops	8	6	Sunday	Horses ridden	Falls	Other eg. gym/run	
Trials	6	5	Trials	5	5	Trials	4	4	Races	7	7	Trials	5	Trials	7	7	Sunday	Horses ridden	Falls	Other eg. gym/run	
Races	8	8	Races	7	7	Races	6	6	Races	7	7	Races	5	Races	7	7	Sunday	Horses ridden	Falls	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			Sunday	Horses ridden	Falls	Other eg. gym/run	

My Food Diary

Name: Jim Chung Date: 17/2024

UNIVERSITY OF NEW ZEALAND



Monday	
Breakfast	Avoacado x1 , Bread! , Milk Tea
Snack	Dreos x5 , Peanuts 30g
Lunch	Avoacado x1 , Bread! , Milk Tea
Dinner	Avoacado x1 , Bread! , Milk Tea
Snack	Dreos x4 , Bracciat!, Lamb
Breakfast	Avoacado x1 , Bread! , Milk Tea
Snack	Dreos x5 , Peanuts 30g
Lunch	Avoacado x1 , Bread! , Milk Tea
Dinner	Avoacado x1 , Bread! , Lamb
Snack	Tin Lamb x3 , Peanuts 30g
Breakfast	Avoacado x1 , Cabbages , Milk Tea
Snack	Tin Lamb x3 , Peanuts 30g
Lunch	Avoacado x1 , Cabbages , Milk Tea
Dinner	Avoacado x1 , Bracciat!, Lamb
Snack	Dreos x4 , Choclate x3
Breakfast	Avoacado x1 , Cabbages , Milk Tea
Snack	Tin Lamb x3 , Peanuts 30g
Lunch	Avoacado x1 , Cabbages , Milk Tea
Dinner	Avoacado x1 , Bracciat!, Lamb
Snack	Dreos x4 , Choclate x3
Tuesday	
Breakfast	Avoacado x1 , Bread! , Milk Tea
Snack	Dreos x5 , Peanuts 30g
Lunch	Avoacado x1 , Bread! , Milk Tea
Dinner	Avoacado x1 , Bracciat!, Lamb
Snack	Dreos x4 , Choclate x3
Wednesday	
Breakfast	Avoacado x1 , Bread! , Milk Tea
Snack	Dreos x5 , Peanuts 30g
Lunch	Avoacado x1 , Bread! , Milk Tea
Dinner	Avoacado x1 , Bracciat!, Lamb
Snack	Dreos x4 , Choclate x3
Thursday	
Breakfast	Avoacado x1 , Cabbages , Milk Tea
Snack	Tin Lamb x3 , Peanuts 30g
Lunch	Avoacado x1 , Bread! , Milk Tea
Dinner	Avoacado x1 , Bracciat!, Lamb
Snack	Dreos x4 , Choclate x3
Friday	
Breakfast	Peanuts 30g
Snack	Dreos x5
Lunch	Soup , Mandarins x3
Dinner	Pineapple , Kiwi fruit
Snack	Rice , Lamb, Cabbage
Breakfast	Peanuts 30g
Snack	Sausage roll , Egg & Bacon Muffin
Lunch	Ham Sandwich , Apple! , Banana x3
Dinner	Choclate 50g , Mandarins x3
Snack	Sausage roll , Egg & Bacon Muffin
Breakfast	Avoacado x1 , Milk Tea
Snack	Peanut x10g
Lunch	Ham Sandwich , Apple! , Banana x3
Dinner	Choclate 50g , Mandarins x3
Snack	Sausage roll , Egg & Bacon Muffin
Saturday	
Breakfast	Avoacado x1 , Milk Tea
Snack	Peanut x10g
Lunch	Ham Sandwich , Apple! , Banana x3
Dinner	Choclate 50g , Mandarins x3
Snack	Sausage roll , Egg & Bacon Muffin
Breakfast	Avoacado x1 , Milk Tea
Snack	Peanut x10g
Lunch	Ham Sandwich , Apple! , Banana x3
Dinner	Choclate 50g , Mandarins x3
Snack	Sausage roll , Egg & Bacon Muffin
Sunday	
Breakfast	Pumpkin , Beef mince , Cabbage , Milk
Snack	Lindes Chocoalte x3
Lunch	Pumpkin & Beef mince , Cabbage , Milk
Dinner	Pumpkin & Beef mince , Cabbage , Milk
Snack	Hazelnuts 30g , Cabbage
Breakfast	Pumpkin , Beef mince , Cabbage , Milk
Snack	Lindes Chocoalte x3
Lunch	Pumpkin & Beef mince , Cabbage , Milk
Dinner	Pumpkin & Beef mince , Cabbage , Milk
Snack	Hazelnuts 30g , Cabbage
Breakfast	Peanuts 150g
Snack	Beefer x1 , Hazelnuts 150g
Lunch	Ham Sandwich , Apple! , Banana x3
Dinner	Choclate 50g , Mandarins x3
Snack	Sausage roll , Egg & Bacon Muffin
Breakfast	Peanuts 150g
Snack	Beefer x1 , Hazelnuts 150g
Lunch	Ham Sandwich , Apple! , Banana x3
Dinner	Choclate 50g , Mandarins x3
Snack	Sausage roll , Egg & Bacon Muffin
Breakfast	Peanuts 150g
Snack	Beefer x1 , Hazelnuts 150g
Lunch	Ham Sandwich , Apple! , Banana x3
Dinner	Choclate 50g , Mandarins x3
Snack	Sausage roll , Egg & Bacon Muffin

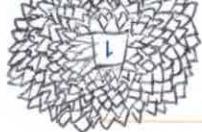


Sleep Diary: Morning

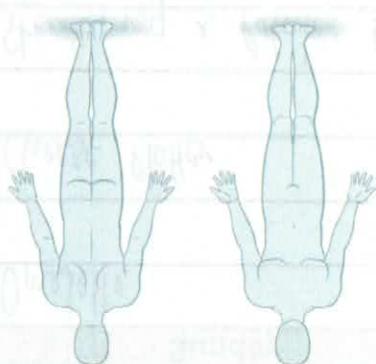
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Last night, I went to bed at:						
9 AM/PM	8 AM/PM	7:45 AM/PM	7 AM/PM	7:30 AM/PM	7:30 AM/PM	10 AM/PM
This morning, I woke up at:						
3:45 AM/PM	3:45 AM/PM	3:45 AM/PM	3:45 AM/PM	3:45 AM/PM	3:45 AM/PM	4:30 AM/PM
Last night, it took me about ____ mins to fall asleep:						
10 mins	10 mins	10 mins	30 mins	15 mins	15 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	
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	
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	1 times	0 times

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:	<input type="radio"/> # of drinks	<input type="radio"/> # of drinks	<input checked="" type="radio"/> # of drinks	<input type="radio"/> # of drinks	<input type="radio"/> # of drinks	<input checked="" type="radio"/> # of drinks	<input type="radio"/> # 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						
Medications or drugs I used today:	/	/	/	/	/	/	/
Throughout the day, I felt drowsy:	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: Eg. Positive (Pos), Negative (Neg), Neutral (Neu)	Pos / <input checked="" type="radio"/> Neg / Neu	Pos / <input checked="" type="radio"/> Neg / Neu	Pos / <input checked="" type="radio"/> Neg / Neu	Pos / <input checked="" type="radio"/> Neg / Neu	Pos / <input checked="" type="radio"/> Neg / Neu	Pos / <input checked="" type="radio"/> Neg / Neu	Pos / <input checked="" type="radio"/> Neg / Neu
In the hour before bed, my activities included: Eg. Reading, computer, TV, showering, phone, eating, spending time with partner	Phone <input checked="" type="radio"/>						



Fitness focus:



Circle areas affected in falls:

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

My Riding Diary

Date: _____

Name: Lrysford



Monday

My Food Diary

Date:

Name:

UNIVERSITY OF NEW ZEALAND

TE KŪNEANGA KI PIRHEURUA

MASSEY UNIVERSITY



Notes:	

Sunday	
Snack	Snack
Dinner	Steak, veg & potatoe bake
Snack	
Lunch	Chinese platter
Snack	
Breakfast	Omelette

Saturday	
Snack	
Dinner	Fish & chips
Snack	Popcorn
Lunch	
Snack	
Breakfast	Muesli bar & coffee

Friday	
Snack	
Dinner	KFC
Snack	Beef jerky
Lunch	
Snack	Muesli bar
Breakfast	Banana & coffee

Thursday	
Snack	
Dinner	Prawn risotto
Snack	Crackers & dip
Lunch	Cheese & ham sandwich
Snack	Muesli bar
Breakfast	Coffee & banana

Wednesday	
Snack	
Dinner	Chicken pasta
Snack	Cheese & ham sandwich
Lunch	Muesli bar & crackers
Snack	Muesli bar
Breakfast	Coffee & banana

Tuesday	
Snack	Cocolate
Dinner	Steak & veg
Snack	
Lunch	Quiche
Snack	Muesli bar & crackers
Breakfast	Coffee & banana

Monday	
Snack	Cocolate
Dinner	Steak & veg
Snack	
Lunch	Muesli bar & crackers
Snack	Muesli bar & crackers
Breakfast	Coffee & banana

Sleep Diary: Morning

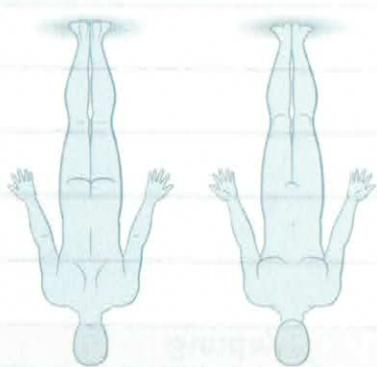
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Last night, I went to bed at:						
9:30 AM/PM	9:30 AM/PM	9:10 AM/PM	9:10 AM/PM	9:45 AM/PM	10 AM/PM	9:30 AM/PM
This morning, I woke up at:						
4:10 AM/PM	4:10 AM/PM	4:10 AM/PM	4:10 AM/PM	4:10 AM/PM	6 AM/PM	9 AM/PM
Last night, it took me about ____ mins to fall asleep:						
5 mins	5 mins	5 mins	15 mins	10 mins	5 mins	5 mins
I felt the quality of my sleep was:						
Eg. Very good (VG), Good (G), Average (A), Bad, (B), Very Bad (VB)						
XG / 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	Thoughts		
During the night, I woke up ____ times:						
times	times	1 times	3 times	2 times	1 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:	1 # of drinks <input checked="" type="radio"/> Morning	1 # of drinks <input checked="" type="radio"/> Morning	1 # of drinks <input checked="" type="radio"/> Morning	2 # of drinks <input checked="" type="radio"/> Morning			
Afternoon	Evening	Evening	Evening	Afternoon	Evening	Evening	Evening
Today I exercised for _____ minutes:	4 Mins/ <input checked="" type="radio"/> hrs	4 Mins/ <input checked="" type="radio"/> hrs	5 Mins/ <input checked="" type="radio"/> hrs	4 Mins/ <input checked="" type="radio"/> hrs	4 Mins/ <input checked="" type="radio"/> hrs	4 Mins/ <input checked="" type="radio"/> hrs	2 Mins/ <input checked="" type="radio"/> 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
Overall, my mood today was:	Never	Sometimes	Sometimes	Very often	Very often	Very often	Very often
Eg. Positive (Pos), Negative (Neg), Neutral (Neu)	Pos / Neg / <input checked="" type="radio"/> Neu	Pos / Neg / <input checked="" type="radio"/> Neu	Pos / Neg / <input checked="" type="radio"/> Neu	Pos / Neg / <input checked="" type="radio"/> Neu	Pos / Neg / <input checked="" type="radio"/> Neu	Pos / Neg / <input checked="" type="radio"/> Neu	Pos / Neg / <input checked="" type="radio"/> Neu
In the hour before bed, my activities included:	Eg. Reading, computer, TV, showering, phone, eating, spending time with partner						
TV, Phone	TV, Phone	TV, Phone	TV, Phone	TV, Phone	TV, Phone	TV, Phone	TV, Phone

Fitness focus:



Circle areas affected in falls:

Horses ridden

Falls

Sunday

Other eg. gym/run
Races
Trials
Jumpsouts
Gallops
Trackwork

Monday

Other eg. gym/run
Races
Trials
Jumpsouts
Gallops
Trackwork

Tuesday

Other eg. gym/run
Races
Trials
Jumpsouts
Gallops
Trackwork

Wednesday

Other eg. gym/run
Races
Trials
Jumpsouts
Gallops
Trackwork

Thursday

Other eg. gym/run
Races
Trials
Jumpsouts
Gallops
Trackwork

My Riding Diary

Date:

UNIVERSITY OF NEW ZEALAND

TE KŪNEANGA KI PIRHHURUA

Name: Liam Dulais

**Notes:****Sunday**

Breakfast	
Snack	
Lunch	
Snack	
Dinner	
Snack	
Breakfast	

Saturday

Breakfast	
Snack	
Lunch	
Snack	
Dinner	
Snack	
Breakfast	

Thursday

Breakfast	
Snack	
Lunch	
Snack	
Dinner	
Snack	
Breakfast	

Tuesday

Breakfast	
Snack	
Lunch	
Snack	
Dinner	
Snack	
Breakfast	

Name: _____ Date: _____



Name: _____
Date: _____

Sleep Diary: Morning

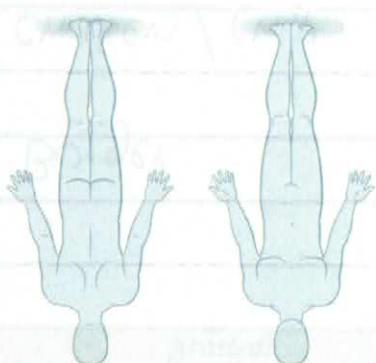
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Last night, I went to bed at:						
AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM
This morning, I woke up at:						
AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM
Last night, it took me about ____ mins to fall asleep:						
mins	mins	mins	mins	mins	mins	mins
I felt the quality of my sleep was:						
Eg. Very good (VG), Good (G), Average (A), Bad, (B), Very Bad (VB)						
VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB
This morning I feel:						
Eg. Refreshed (Ref), Tired (Tir), Groggy (Grog), Alert (Al)						
Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al
My sleep was made more difficult by:						
Eg. Temperature, noise, dreams, thoughts, not feeling tired, discomfort						
10						
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	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:							
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	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	12	0	Trackwork	8	0	Gallops	4	2	Trackwork	7	0	Gallops	4	2	Trackwork	0	0	Gallops	0	0
Jumpsouts	4	2	Jumpsouts	8	0	Gallops	2	0	Jumpsouts	8	0	Gallops	2	0	Jumpsouts	0	0	Gallops	0	0
Trials	8	0	Trials	2	0	Trials	8	0	Trials	2	0	Trials	8	0	Trials	0	0	Trials	0	0
Races	1	4	Races	0	0															
Other eg. gym/run	12	0	Other eg. gym/run	0	0															

My Riding Diary

Date: 1/07/24

Name: Ambry Middleli

UNIVERSITY OF NEW ZEALAND

TE KŪNENGĀ KI PĒREHURUA





		Notes:
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Snack	
Dinner	Chicken / Chops
Snack	Burrito
Lunch	
Snack	
Breakfast	
Sunday	

Snack	Snickers Lamb Chops/Veges
Dinner	
Snack	
Lunch	Hat Chips
Snack	
Breakfast	Toasts with peanut butter
Saturday	

Snack	Salad, Pasta, Roastbeefs
Dinner	
Snack	
Lunch	
Snack	
Breakfast	Toasts with peanut butter
Friday	

Snack	Pasta + Vegie bake
Dinner	
Snack	
Lunch	
Snack	
Breakfast	Musli bar
Thursday	

Snack	Ch. nese take away.
Dinner	
Snack	
Lunch	
Snack	
Breakfast	Bacon + eggs toasts +
Wednesday	

Snack	Couscous Chicken Vegie Wrap
Dinner	
Snack	
Lunch	
Snack	
Breakfast	Musli bar
Tuesday	

Snack	Sauces, Veggies, Peacock
Dinner	
Snack	
Lunch	
Snack	
Breakfast	Musli bar
Monday	

My Food Diary

Date:

Name:

UNIVERSITY OF NEW ZEALAND

TE KŪNENGĀ KI PŪREHURUA





Sleep Diary: Morning

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Last night, I went to bed at:						
9 AM/PM	9 AM/PM	9 AM/PM	9 AM/PM	9 AM/PM	9 AM/PM	9 AM/PM
This morning, I woke up at:						
5:45 AM/PM	5:45 AM/PM	5:45 AM/PM	5:45 AM/PM	5:45 AM/PM	5:45 AM/PM	5:45 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/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	1 times	1 times	1 times

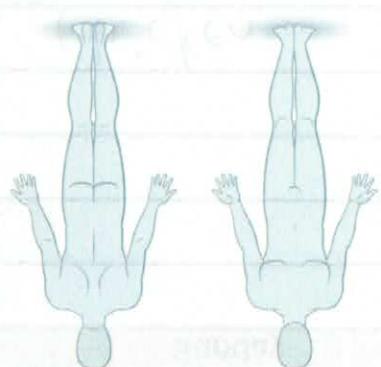


Name: _____
Date: _____

Sleep Diary: Night

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
I took a nap:	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes / <input checked="" type="radio"/> No	<input type="radio"/> Yes / <input checked="" type="radio"/> No	<input type="radio"/> Yes / <input checked="" type="radio"/> No	<input type="radio"/> Yes / <input checked="" type="radio"/> No	<input type="radio"/> Yes / <input checked="" type="radio"/> No	<input type="radio"/> Yes / <input checked="" type="radio"/> No
I had caffeine:	<input type="radio"/> # of drinks Morning	<input type="radio"/> # of drinks Morning	<input type="radio"/> # of drinks Morning	<input type="radio"/> # of drinks Morning	<input type="radio"/> # of drinks Morning	<input type="radio"/> # of drinks Morning	<input type="radio"/> # of drinks Morning
Afternoon	<input type="radio"/> # of drinks Afternoon	<input type="radio"/> # of drinks Afternoon	<input type="radio"/> # of drinks Afternoon	<input type="radio"/> # of drinks Afternoon	<input type="radio"/> # of drinks Afternoon	<input type="radio"/> # of drinks Afternoon	<input type="radio"/> # of drinks Afternoon
Evening	<input type="radio"/> # of drinks Evening	<input type="radio"/> # of drinks Evening	<input type="radio"/> # of drinks Evening	<input type="radio"/> # of drinks Evening	<input type="radio"/> # of drinks Evening	<input type="radio"/> # of drinks Evening	<input type="radio"/> # of drinks Evening
Today I exercised for _____ minutes:	<input type="radio"/> Mins/hrs	<input type="radio"/> Mins/hrs	<input type="radio"/> Mins/hrs	<input type="radio"/> Mins/hrs	<input type="radio"/> Mins/hrs	<input type="radio"/> Mins/hrs	<input type="radio"/> Mins/hrs
Medications or drugs I used today:	None	None	None	None	None	None	None
Throughout the day, I felt drowsy:	Never	Never	Never	Never	Never	Never	Never
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
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)	<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"/> 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	Phone
TV / phone	TV, Phone	TV, Phone	Computer	TV	Phone	Phone	Phone

Fitness focus:



Circle areas affected in falls:

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

My Riding Diary

Date: 68-0721

Name: Alyutk

UNIVERSITY OF NEW ZEALAND



Date: 08/02/20
Name: Alysha

My Food Diary

UNIVERSITY OF NEW ZEALAND

TE KENNENGAKI PURERUROA



Notes:	

Sunday	
Breakfast	Snack
Lunch	Snack
Snack	Snack
Dinner	(H) C (K) E (A)
Snack	

Saturday	
Breakfast	Snack
Lunch	Snack
Snack	Snack
Dinner	(H) C (K) E (A), (L) A (L) O
Snack	

Friday	
Breakfast	Snack
Lunch	Snack
Snack	Snack
Dinner	Bread, Soup.
Snack	

Thursday	
Breakfast	Snack
Lunch	Snack
Snack	Snack
Dinner	Bread, (H) I (K) E (A)
Snack	

Wednesday	
Breakfast	Snack
Lunch	Snack
Snack	Snack
Dinner	C H I K E (F) R E
Snack	

Tuesday	
Breakfast	Snack
Lunch	Snack
Snack	Snack
Dinner	Soup
Snack	

Monday	
Breakfast	Snack
Lunch	Snack
Snack	Snack
Dinner	Curry, Full Bread
Snack	

Sleep Diary: Morning

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Last night, I went to bed at:						
09 AM/PM	09 AM/PM	09 AM/PM	09 AM/PM	09 AM/PM	09 AM/PM	09 AM/PM
This morning, I woke up at:						
09 AM/PM	09 AM/PM	09 AM/PM	09 AM/PM	09 AM/PM	09 AM/PM	09 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						
During the night, I woke up _____ times:						
3 times	2 times	1 times	3 times	3 times	2 times	2 times

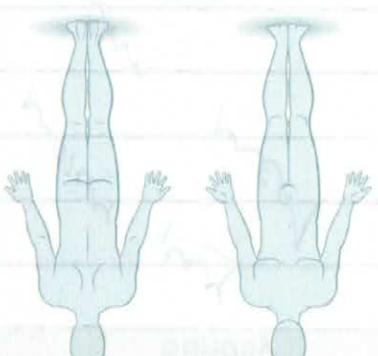
Name: Hywel

Date: 09/07/20

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	# 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/hr	1 Mins/hr	1 Mins/hr	1 Mins/hr	1 Mins/hr	1 Mins/hr	1 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
Overall, my mood today was:	Pos / Neg / Neu	Pos / Neg / Neu	Pos / Neg / Neu	Pos / Neg / Neu	Pos / Neg / Neu	Pos / Neg / Neu	Pos / Neg / Neu
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						
Partner	Phone	Phone	Phone	Phone	Phone	Phone	Phone

Fitness focus:



Circle areas affected in falls:

My Riding Diary

Date: 09/27/2011

Name: Debby Judd

UNIVERSITY OF NEW ZEALAND





My Food Diary

Date: _____

Name: Aishwarya Pandya

Monday	
Breakfast	Snack
Lunch	Snack
Dinner	Snack
Snack	Snack
3	
lunch	lunch

Tuesday	
Breakfast	Snack
Lunch	Snack
Dinner	Snack
Snack	Snack
lunch	lunch

Wednesday	
Breakfast	Snack
Lunch	Snack
Dinner	Snack
Snack	Snack
lunch	lunch

Thursday	
Breakfast	Snack
Lunch	Snack
Dinner	Snack
Snack	Snack
lunch	lunch

Friday	
Breakfast	Snack
Lunch	Snack
Dinner	Snack
Snack	Snack
lunch	lunch

Saturday	
Breakfast	Snack
Lunch	Snack
Dinner	Snack
Snack	Snack
lunch	lunch

Sunday	
Breakfast	Snack
Lunch	Snack
Dinner	Snack
Snack	Snack
lunch	lunch

Sleep Diary: Morning

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Last night, I went to bed at:						
12 AM/PM	11 AM/PM	12 AM/PM	10 AM/PM	11, 12 AM/PM	12 AM/PM	12 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	9 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						
Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
During the night, I woke up ____ times:						
0 times	0 times	0 times	0 times	0 times	0 times	0 times

Sleep Diary: Night

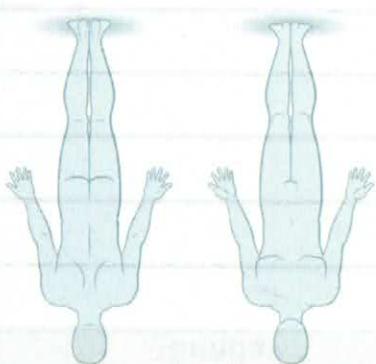
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
I took a nap:							
Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
I had caffeine:							
# of drinks							
Morning							
Afternoon							
Evening							
Today I exercised for _____ minutes:							
○ Mins/hrs	○ Mins/hrs	○ 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
TV, phone	TV, phone	TV, phone	TV, phone	TV, phone	TV, phone	TV, phone	TV, phone

In the hour before bed, my activities included:

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

TV, phone

Fitness focus:



Circle areas affected in falls:

My Riding Diary

Date: 8/07/21

UNIVERSITY OF NEW ZEALAND



My Food Diary

Name: Jessica Muller
Date: 8/6/2024

Breakfast	<i>Coffee, Brazil, Peanut butter</i>
Snack	
Lunch	
Snack	
Dinner	
Snack	
Breakfast	<i>-</i>
Snack	
Lunch	
Snack	
Dinner	
Snack	
Sunday	
Breakfast	
Snack	
Lunch	
Snack	
Dinner	
Snack	
Saturday	
Breakfast	
Snack	
Lunch	
Snack	
Dinner	
Snack	
Friday	
Breakfast	
Snack	
Lunch	
Snack	
Dinner	
Snack	
Wednesday	
Breakfast	
Snack	
Lunch	
Snack	
Dinner	
Snack	
Tuesday	
Breakfast	
Snack	
Lunch	
Snack	
Dinner	
Snack	
Mondays	

Notes:



Sleep Diary: Morning

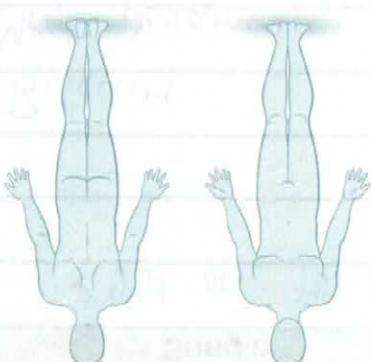
Name: Jeevesh Muthoo
Date: 8/07/24.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Last night, I went to bed at:						
8.30 AM/PM	— AM/PM	— AM/PM	— AM/PM	— AM/PM	— AM/PM	8 AM/PM
This morning, I woke up at:						
3.45 AM/PM	— AM/PM	— AM/PM	— AM/PM	— AM/PM	— AM/PM	— AM/PM
Last night, it took me about ____ mins to fall asleep:						
20 mins	— mins	— mins	— mins	— mins	— mins	— mins
I felt the quality of my sleep was:						
Eg. Very good (VG), Good (G), Average (A), Bad, (B), Very Bad (VB)						
VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB
This morning I feel:						
Eg. Refreshed (Ref), Tired (Tir), Groggy (Grog), Alert (Al)						
Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al
My sleep was made more difficult by:						
Eg. Temperature, noise, dreams, thoughts, not feeling tired, discomfort						
Temperature	—	—	—	—	—	—
During the night, I woke up ____ times:						
1 times	1 times	1 times	1 times	1 times	1 times	1 times

Name: Jeetosh nukoo
Date: 8/07/24.

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:	30	—	—	—	—	—	—
Medications or drugs I used today:	N	—	—	—	—	—	—
Throughout the day, I felt drowsy:	Never	Never	Never	Never	Never	Never	Never
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	Sometimes	Sometimes	Sometimes
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	—	—	—	—	—	—	—



Circle areas affected in falls:

Monday	Tuesday	Wednesday	Thursday	Friday
Trackwork	Trackwork	Trackwork	Trackwork	Trackwork
Gallops	Gallops	Gallops	Gallops	Gallops
6	6	6	6	6
Falls	Falls	Falls	Falls	Falls
Horses ridden	Horses ridden	Horses ridden	Horses ridden	Horses ridden
Tuesday	Wednesday	Thursday	Friday	Saturday
Other eg. gym/run	My run horses	My run horses	My run horses	Other eg. gym/run
Races				Races
Trials				Trials
Jumpsouts				Jumpsouts
Gallops				Gallops
Trackwork				Trackwork
Other eg. gym/run	My run horses	My run horses	My run horses	Other eg. gym/run
Races				Races
Trials				Trials
Jumpsouts				Jumpsouts
Gallops				Gallops
Trackwork				Trackwork
Other eg. gym/run	My run horses	My run horses	My run horses	Other eg. gym/run
Races				Races
Trials				Trials
Jumpsouts				Jumpsouts
Gallops				Gallops
Trackwork				Trackwork
Other eg. gym/run	My run horses	My run horses	My run horses	Other eg. gym/run
Races				Races
Trials				Trials
Jumpsouts				Jumpsouts
Gallops				Gallops
Trackwork				Trackwork

My Riding Diary

Date: _____

UNIVERSITY OF NEW ZEALAND

THE RUMENGA KI PGRHURQA
UNIVERSITY





Food Diary

My Food Diary

Name: _____

Date: _____

Notes: _____

Monday

Breakfast: eggs on toast

Lunch: Biscuits

Dinner: Mince stew

Snack: _____

Breakfast: eggs with bacon, Pathé

Lunch: Biscuits

Dinner: meat pie/steak

Snack: _____

Breakfast: eggs on toast

Lunch: Biscuits

Dinner: Pathé

Snack: _____

Breakfast: eggs on toast

Lunch: Biscuits

Dinner: Pathé

Snack: _____

Snack	_____
Dinner	Meat pie/steak
Snack	Biscuits
Lunch	_____
Snack	_____
Breakfast	Eggs on toast
Sunday	

Snack	_____
Dinner	Pathé
Snack	Biscuits
Lunch	_____
Snack	_____
Breakfast	Eggs on toast
Friday	

Snack	_____
Dinner	Pathé
Snack	Biscuits
Lunch	_____
Snack	_____
Breakfast	Eggs on toast Sausages
Wednesday	

Snack	_____
Dinner	Pathé
Snack	Biscuits
Lunch	_____
Snack	_____
Breakfast	Eggs on toast
Tuesday	



Sleep Diary: Morning

Name: _____

Date: _____

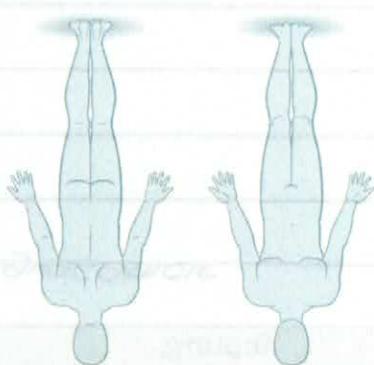
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Last night, I went to bed at:						
9:30 AM/PM	9:30 AM/PM	9:30 AM/PM	9:30 AM/PM	9:00 AM/PM	10:00 AM/PM	10:00 AM/PM
This morning, I woke up at:						
4 AM/PM	4 AM/PM	4 AM/PM	4 AM/PM	4 AM/PM	4 AM/PM	6 AM/PM
Last night, it took me about ____ mins to fall asleep:						
idle mins	idle mins	idle mins	idle mins	idle mins	idle mins	idle 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	Not feeling tired	Thoughts	Not feeling tired	Thoughts	Dreams	
During the night, I woke up ____ 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 / <input checked="" type="radio"/> No	Yes / <input type="radio"/> No					
I had caffeine:							
# of drinks							
Morning	1	1	1	1	1	1	1
Afternoon	1	1	1	1	1	1	1
Evening							
Today I exercised for	+ Don't Know I don't count - Mins/hrs						
Medications or drugs I used today:	NONE - Mins/hrs						
Throughout the day, I felt drowsy:	Never - Mins/hrs						
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							
Phone reading time with partner X Showering							

Fitness focus:



Circle areas affected in falls:

Day	Horses ridden	Falls	Circle areas affected in falls:		
			Sunday	Horses ridden	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			

My Riding Diary

Date:

Name: Frances

UNIVERSITY OF NEW ZEALAND

TE KŪNEANGA KI POKERURUA





My Food Diary

Date:

Name:

UNIVERSITY OF NEW ZEALAND

TE KŪNENGA KI PĒREHURUA



Monday

Breakfast	
Lunch	Protein bar
Snack	
Dinner	Mince bowl
Snack	

Tuesday

Breakfast	
Lunch	Protein bar
Snack	
Dinner	Mince bowl
Snack	

Wednesday

Breakfast	
Lunch	Protein bar
Snack	
Dinner	Mince bowl
Snack	

Thursday

Breakfast	
Lunch	Cashews
Snack	
Dinner	Cashews
Snack	

Friday

Breakfast	
Lunch	
Snack	
Dinner	Scallop fillet
Snack	

Saturday

Breakfast	Protein bar
Lunch	
Snack	
Dinner	Scallop fillet
Snack	

Notes:

Breakfast	Prosciutto
Lunch	
Snack	
Dinner	
Snack	



Sleep Diary: Morning

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Last night, I went to bed at:						
8 AM/PM	8:30 AM/PM	7:30 AM/PM	8 AM/PM	9 AM/PM	8:30 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	6 AM/PM
Last night, it took me about ____ mins to fall asleep:						
30 mins	25 mins	20 mins	35 mins	30 mins	20 mins	40 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						
thought	thought	thought	thought	thought	thought	thought
During the night, I woke up ____ times:						
0 times	0 times	0 times	0 times	0 times	0 times	0 times

Sleep Diary: Night

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
I took a nap:	<input checked="" type="radio"/> Yes / No	<input type="radio"/> Yes / No	<input type="radio"/> Yes / No	<input type="radio"/> Yes / No	<input type="radio"/> Yes / No	<input type="radio"/> Yes / No	<input type="radio"/> Yes / No
I had caffeine:	<input type="radio"/> # of drinks	<input type="radio"/> # of drinks	<input type="radio"/> # of drinks	<input type="radio"/> # of drinks	<input type="radio"/> # of drinks	<input type="radio"/> # of drinks	<input type="radio"/> # of drinks
Morning	Morning	Morning	Morning	Morning	Morning	Morning	Morning
Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon
Evening	Evening	Evening	Evening	Evening	Evening	Evening	Evening
Today I exercised for _____ minutes:	60	90	90	90	120	90	180
Medications or drugs I used today:	RTA/CIN						
Throughout the day, I felt drowsy:	Never	Never	Never	Never	Never	Never	Never
Never	<input type="radio"/> Never	<input type="radio"/> 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	Phone	TV	Phone	Phone	Phone	Phone	Phone

Fitness focus:



Circle areas affected in falls:

My Riding Diary

Date: 01/07/24

Name: John

UNIVERSITY OF NEW ZEALAND



Notes:	
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Saturday	
Breakfast	wheat bran
Lunch	cheese, pasta, salad
Snack	cheese, peanut butter, fruit
Dinner	cheese, pasta, salad
Snack	steak & cheese pie

Sunday	
Breakfast	cheese, peanut butter, waffles
Snack	ice cream coffee
Lunch	fruit
Snack	fruit
Dinner	steak sandwich
Snack	steak sandwich

Wednesday	
Breakfast	wheat bran
Lunch	sandwich
Snack	fruit
Dinner	cheese, pasta, salad
Snack	cheese, pasta, salad

Tuesday	
Breakfast	ice cream coffee w/ peanut butter
Lunch	fruit
Snack	ice cream coffee
Dinner	bacon, eggs, sausages
Snack	cheese, pasta, salad

Monday	
Breakfast	ice cream coffee w/ peanut butter
Lunch	ham + salad roll
Snack	cheese, crumble pie
Dinner	bacon + sausages
Snack	cheese, pasta, salad

Tuesday	
Breakfast	ice cream coffee w/ peanut butter
Lunch	cheese, crumble pie
Snack	bacon + sausages
Dinner	bacon + sausages
Snack	cheese, pasta, salad

My Food Diary

Date:

Name:

UNIVERSITY OF NEW ZEALAND

THE KĀRENGA RI PĒREHURAO
MASSEY UNIVERSITY





Sleep Diary: Morning

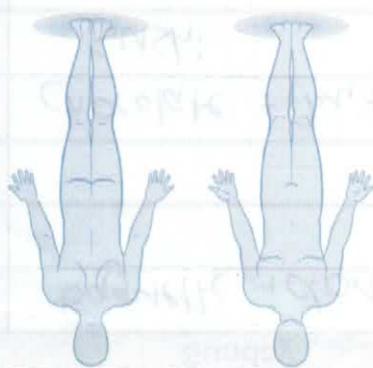
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Last night, I went to bed at:						
10:00 AM/PM	9:30 AM/PM	9:30 AM/PM	9:00 AM/PM	9:00 AM/PM	9:30 AM/PM	9:30 AM/PM
This morning, I woke up at:						
3:35 AM/PM	3:35 AM/PM	3:35 AM/PM	3:35 AM/PM	3:35 AM/PM	3:35 AM/PM	3:30 AM/PM
Last night, it took me about ____ mins to fall asleep:	5	5	5	5	5	5
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	—	—	—	—	—	—
During the night, I woke up ____ times:	2	1	0	2	0	1
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:	2	# 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:	2 Mins/hrs	2 Mins/hrs	2 Mins/hrs	3 Mins/hrs	3 Mins/hrs	2 Mins/hrs	Mins/hrs	
Medications or drugs I used today:	—	—	—	—	—	—	—	
Throughout the day, I felt drowsy:	Never							
Never	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	TV	Phone	Phone	TV	Phone	Phone	TV	

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	Other eg. gym/run
Trackwork	7	2	Trackwork	5	1	Trackwork	8	2	Trackwork	1	2	Gallops	4	2	Trails	1	5	Other eg. gym/run
Gallops	2	1	Gallops	1	1	Gallops	2	1	Gallops	3	1	Jumps/outs	1	1	Races	5	8	Other eg. gym/run
Jumps/outs	1	1	Trials	1	1	Trials	1	5	Other eg. gym/run									
Trials	1	1	Races	5	8	Races	5	8	Other eg. gym/run									
Races	5	8	Other eg. gym/run	6	9	Other eg. gym/run	6	9	Other eg. gym/run									
Other eg. gym/run	6	9	Other eg. gym/run															

My Riding Diary

Date: 1.7.24

Name: Liy Sutharland

UNIVERSITY OF NEW ZEALAND



Name: Lily Sutherland
Date: 1.7.24

Notes:	
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Saturday	
Breakfast	Apple
Snack	Kiwifruit, grapes
Lunch	Sandwich
Snack	Loafies
Dinner	Soup + bread
Snack	Crumble-feta

Wednesday	
Breakfast	Muesli bar
Snack	Jerky
Lunch	
Snack	Yogurt + muesli
Dinner	Taco Bell
Snack	

Tuesday	
Breakfast	Yogurt + muesli
Snack	Muesli bar
Lunch	
Snack	Apple
Dinner	Jerky, muesli bar
Snack	

Sunday	
Breakfast	Bagelie + donut
Snack	Chocolate + fruit
Lunch	
Snack	
Dinner	Sushi
Snack	

Friday	
Breakfast	Yogurt + muesli
Snack	Kiwifruit, grapes
Lunch	Sandwich
Snack	Loafies
Dinner	Jelly, apple
Snack	
Breakfast	Apple

Thursday	
Breakfast	Muesli bar
Snack	Jerky
Lunch	
Snack	2x muesli bar
Dinner	
Snack	
Breakfast	

Monday	
Breakfast	Yogurt + muesli
Snack	Muesli bar
Lunch	
Snack	Apple
Dinner	Lamb + couscous
Snack	
Breakfast	



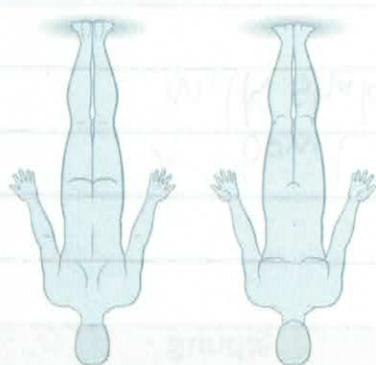
Sleep Diary: Morning

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Last night, I went to bed at:						
8.30 AM/PM	8.30 AM/PM	9 AM/PM	9 AM/PM	6 AM/PM	7 AM/PM	8.30 AM/PM
This morning, I woke up at:						
S AM/PM	S AM/PM	6 AM/PM	S AM/PM	S AM/PM	S AM/PM	6 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 / 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 / <u>No</u>	Yes / <u>No</u>	Yes / <u>No</u>	Yes / <u>No</u>	Yes / <u>No</u>	Yes / <u>No</u>	Yes / <u>No</u>
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:	1 Mins/hrs	2 Mins/hrs	3 Mins/hrs	4 Mins/hrs	5 Mins/hrs	6 Mins/hrs	7 Mins/hrs
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: 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, Shower, TV						

Fitness focus:



Circle areas affected in falls:

Sunday	Horses ridden	Falls			
					Other eg. gym/run
		3			Races
					Trials
					Jumps/outs
					Gallops
					Trackwork
					Other eg. gym/run
Friday	Horses ridden	Falls			
					Other eg. gym/run
		6			Races
					Trials
					Jumps/outs
					Gallops
		0			Trackwork
					Other eg. gym/run
Wednesday	Horses ridden	Falls			
					Other eg. gym/run
		8			Races
					Trials
					Jumps/outs
					Gallops
		10			Trackwork
					Other eg. gym/run
Mondays	Horses ridden	Falls			
					Races
		4			Trials
					Jumps/outs
					Gallops
		5			Trackwork
					Other eg. gym/run

My Riding Diary

Date:

Liam

Name:

UNIVERSITY OF NEW ZEALAND

UNIVERSITY
MASSY

My Food Diary

Date _____

Name:

UNIVERSITY OF NEW ZEALAND



Sleep Diary: Morning

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Last night, I went to bed at:						
8 30 AM/PM	9 AM/PM	9 AM/PM	9 AM/PM	9:30 AM/PM	11:30 AM/PM	10:30 AM/PM
This morning, I woke up at:						
5 30 AM/PM	5 30 AM/PM	5 30 AM/PM	5 30 AM/PM	5 30 AM/PM	10:30 AM/PM	10 AM/PM
Last night, it took me about ____ mins to fall asleep:						
10 mins	5 mins	5 mins	5 mins	20 mins	1 HR 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						
				Noise	thoughts	
During the night, I woke up ____ times:						
0 times	0 times	0 times	0 times	2 times	5 times	

Name: _____
 Date: _____

Sleep Diary: Night

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
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I took a nap:

 Yes / No

I had caffeine:

 # of drinks

Yes / No

I had coffee:

 # of drinks

Yes / No

Today I exercised for _____ minutes:

Mins/hrs

Throughout the day, I felt drowsy:

Never

Yes / No

Overall, my mood today was:

Never

Yes / No

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

Volume

Phone

Phone

Phone

Phone

Phone