

# My Riding Diary

Date: 14/10/24

Name: Elle

UNIVERSITY OF NEW ZEALAND



### Fitness focus

My Riding Diary			
Monday	Tuesday	Wednesday	Thursday
Trackwork	Trackwork	Horses ridden	Falls
Gallops	Jumpsouts	Trials	Races
Trials	Jumpsouts	Gallops	Other eg. gym/run
Races	Trials	Trials	Other eg. gym/run
Other eg. gym/run			

Circle areas affected in falls:			
Sunday	Horses ridden	Falls	Other eg. gym/run
Gallops	Jumpsouts	Trials	Races
Trials	Jumpsouts	Gallops	Other eg. gym/run
Races	Trials	Trials	Other eg. gym/run
Other eg. gym/run			

Circle areas affected in falls:			
Friday	Horses ridden	Falls	Other eg. gym/run
Gallops	Jumpsouts	Trials	Races
Trials	Jumpsouts	Gallops	Other eg. gym/run
Races	Trials	Trials	Other eg. gym/run
Other eg. gym/run			

Circle areas affected in falls:			
Saturday	Horses ridden	Falls	Other eg. gym/run
Gallops	Jumpsouts	Trials	Races
Trials	Jumpsouts	Gallops	Other eg. gym/run
Races	Trials	Trials	Other eg. gym/run
Other eg. gym/run			

Circle areas affected in falls:			
Sunday	Horses ridden	Falls	Other eg. gym/run
Gallops	Jumpsouts	Trials	Races
Trials	Jumpsouts	Gallops	Other eg. gym/run
Races	Trials	Trials	Other eg. gym/run
Other eg. gym/run			



Food diary  
Date: \_\_\_\_\_  
Name: \_\_\_\_\_

**Notes:****Saturday**

eggs toast

Snack

Dinner

Snack

Lunch

Snack

eggs toast

**Sunday**

Snack

Dinner

Snack

Lunch

Snack

eggs toast

**Friday**

Snack

Dinner

Snack

Lunch

Snack

eggs toast

**Wednesday**

Snack

Dinner

Snack

Lunch

Snack

Breakfast

**Thursday**

eggs toast

Snack

Dinner

Snack

Lunch

Snack

eggs toast

**Monday**

Snack

Dinner

Snack

Lunch

Snack

eggs toast

**Tuesday**

eggs toast

**My Food Diary**



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	9:30 AM/PM	10:30 AM/PM	10 AM/PM
This morning, I woke up at:						
3:30 AM/PM	4:30 AM/PM	3:30 AM/PM	4:30 AM/PM	4:30 AM/PM	3:30 AM/PM	6:00 AM/PM
Last night, it took me about ____ mins to fall asleep:						
10 <sup>th</sup> mins	10 <sup>th</sup> mins	10 <sup>th</sup> mins	10 <sup>th</sup> mins	10 <sup>th</sup> mins	10 <sup>th</sup> mins	10 <sup>th</sup> 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						
Heats	Noights	Dreams	Thoughts	Dreams	Thoughts	Dreams.
During the night, I woke up _____ times:						
Couple times	Couple times	Couple times	Couple times	Couple times	Couple times	Couple 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

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:

TDK

TDK

TDK

TDK

TDK

TDK

TDK

Medications or drugs I used today:

TDK

TDK

TDK

TDK

TDK

TDK

TDK

Throughout the day, I felt drowsy:

Never

Never

Never

Never

Never

Never

Never

Sometimes

Sometimes

Sometimes

Sometimes

Sometimes

Sometimes

Sometimes

Very often

Overall, my mood today was:

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

Pos / Neg / Neu

In the hour before bed, my activities included:

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

Showers + ✓

Phone

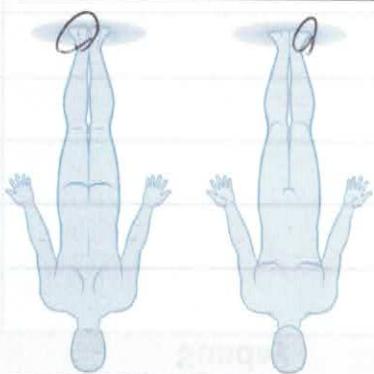
Phone

Phone

Phone

Phone

Phone



Circle areas affected in falls:

## My Riding Diary

Date: \_\_\_\_\_

Name: Liam Lawrie



Notes:

**Sunday**

Breakfast	
Lunch	
Snack	
Dinner	
Snack	
Breakfast	

**Saturday****Friday**

Breakfast	
Lunch	
Snack	
Dinner	
Snack	
Breakfast	

**Thursday****Wednesday**

Breakfast	
Lunch	
Snack	
Dinner	
Snack	
Breakfast	

**Tuesday****Mondays**

Breakfast	
Lunch	
Snack	
Dinner	
Snack	
Breakfast	

Date:

Name:



## Sleep Diary: Morning

Name: \_\_\_\_\_  
Date: \_\_\_\_\_

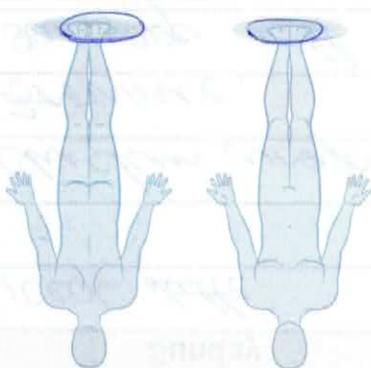
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM
Last night, I went to bed at:						
This morning, I woke up at:						
Last night, it took me about ____ mins to fall asleep:						
mins	mins	mins	mins	mins	mins	mins
I felt the quality of my sleep was: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



## Sleep Diary: Night

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
I took a nap: Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
I had caffeine:						
# of drinks	# of drinks	# of drinks	# of drinks	# of drinks	# of drinks	# of drinks
Morning	Morning	Morning	Morning	Morning	Morning	Morning
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:						
ED AFFECTED	ED AFFECTED	ED AFFECTED	ED AFFECTED	ED AFFECTED	ED AFFECTED	ED AFFECTED
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:



Circle areas affected in falls:

# My Riding Diary

Date: 14/10/24  
Name: Jewan

UNIVERSITY OF NEW ZEALAND





## 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					
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	7:30 AM/PM	7:30 AM/PM
Last night, it took me about _____ mins to fall asleep:						
5 mins	5 mins	5 mins	5 mins	5 mins	5 mins	10 mins
I felt the quality of my sleep was: Eg. Very good (VG), Good (G), Average (A), Bad, (B), Very Bad (VB)						
VG / G (A) B / VB	VG / G (A) B / VB	VG (G) / A / B / VB	VG (G) / A / B / VB	VG (G) / A / B / VB	VG (G) / A / B / VB	VG (G) / A / B / VB
This morning I feel: Eg. Refreshed (Ref), Tired (Tir), Groggy (Grog), Alert (Al)						
Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al
My sleep was made more difficult by: Eg. Temperature, noise, dreams, thoughts, not feeling tired, discomfort						
—	—	—	—	—	—	—
During the night, I woke up _____ times:						
2 times	2 times	1 times	2 times	1 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
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	60 Mins/hrs	Mins/hrs	60 Mins/hrs	Mins/hrs	Mins/hrs	Mins/hrs
Medications or drugs I used today:						
_____	_____	_____	_____	_____	_____	cancel.
Throughout the day, I felt drowsy:						
Never	Never	Never	Never	Never	Never	Never
Sometimes	Sometimes	Sometimes	Sometimes	Sometimes	Sometimes	Sometimes
Very often	Very often	Very often	Very often	Very often	Very often	Very often
Overall, my mood today was:						
Eg. Positive (Pos), Negative (Neg), Neutral (Neu)						
Pos / Neg / Neu	Pos / Neg / Neu	Pos / Neg / Neu	Pos / Neg / Neu	Pos / Neg / Neu	Pos / Neg / Neu	Pos / Neg / Neu
In the hour before bed, my activities included:						
Eg. Reading, computer, TV, showering, phone, eating, spending time with partner						
phone	phone	phone	phone	phone	phone	phone

Sleek

Fitness focus:

Monday	Horses ridden	Falls	Tuesday	Horses ridden	Falls	Wednesday	Horses ridden	Falls	Thursday	Horses ridden	Falls	Friday	Horses ridden	Falls	Sunday	Horses ridden	Falls
Trackwork	5	2	Gallops	4	10	Jumpsouts	17	10	Trackwork	8	10	Jumpsouts	16	3	Trials	1	1
Gallops	3	2	Trials	5	8	Races			Trials			Races	2	1	Trials		
Jumpsouts	2	1	Jumpsouts	4	10	Other eg. gym/run			Jumpsouts			Other eg. gym/run			Trials		
Trackwork	1	1	Gallops	3	8	Races			Gallops			Other eg. gym/run			Jumpsouts		
Jumpsouts			Trials			Other eg. gym/run			Trials			Other eg. gym/run			Trials		
Trials			Jumpsouts			Races			Jumpsouts			Races			Jumpsouts		
Gallops			Other eg. gym/run			Other eg. gym/run			Gallops			Other eg. gym/run			Trials		
Trials			Other eg. gym/run			Other eg. gym/run			Trials			Other eg. gym/run			Trials		
Races			Other eg. gym/run			Other eg. gym/run			Races			Other eg. gym/run			Races		
Other eg. gym/run			Other eg. gym/run			Other eg. gym/run			Other eg. gym/run			Other eg. gym/run			Other eg. gym/run		

## My Riding Diary

Date: 14/10/2024

Name: Jim Ching

UNIVERSITY OF NEW ZEALAND

TE KŪNENGA KI POKERHUROA



## My Food Diary

Date: 14/10/2024

Name: Jim Chung

1012-1118 : 2000

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CDC	
Notes:	
<b>Monday</b>	Breakfast: Chicken Sandwich, Hot Chocolate Lunch: Ham & Cheese Toast, Decaf Latte Snack: Dlice x1 Dinner: Pak Mince, Baccoli, Rice Snack: Dlice x5 Lunch: Pak Mince, Baccoli, Rice, Milk Breakfast: Egg & Toast x2, Milk Snack: Grummeles 30g Dinner: Beef sandwich, Milk Tea Snack: Grummeles 20g, Dreo x2 Lunch: Pak Mince, Baccoli, Rice, Milk Breakfast: Egg & Toast x2, Milk Snack: Grummeles 30g Dinner: Beef sandwich, Milk Tea Snack: Grummeles x1 Dinner: Mince cheese Pie, Ham sandwich/2 Snack: Brummele x1 Lunch: Beef sandwich, Milk Tea Breakfast: Egg & Toast x2, Milk Snack: Grummeles 30g Dinner: Beef sandwich, Milk Tea Snack: Brummeles x1 Dinner: Mince cheese Pie, Ham sandwich/2 Snack: Ham & cheese Pie, Ham sandwich/2 Lunch: Chicken Sandwich, Egg x1 Breakfast: Egg & Toast, Milk Tea Snack: Biscuit x3 Dinner: Ham & cheese Toast x2, Steak Cheese Pie/2 Snack: Chocolate x50g Lunch: Chicken Sandwich, Egg x1 Breakfast: Egg & Toast x2, Milk Tea Snack: Biscuit x2 Dinner: Ham - alcohol Beer x1 Lunch: Pak Mince, Baccoli, Rice, Milk Breakfast: Egg & Toast x2, Milk, Baccoli Snack: Biscuit x2 Dinner: Egg x2, Baccoli, Rice Snack: Snack
<b>Tuesday</b>	Breakfast: Chicken Sandwich, Hot Chocolate Lunch: Ham & Cheese Toast, Decaf Latte Snack: Dlice x1 Dinner: Pak Mince, Baccoli, Rice Snack: Dlice x5 Lunch: Pak Mince, Baccoli, Rice, Milk Breakfast: Egg & Toast x2, Milk Snack: Grummeles 30g Dinner: Beef sandwich, Milk Tea Snack: Grummeles 20g, Dreo x2 Lunch: Pak Mince, Baccoli, Rice, Milk Breakfast: Egg & Toast x2, Milk Snack: Grummeles 30g Dinner: Beef sandwich, Milk Tea Snack: Grummeles x1 Dinner: Mince cheese Pie, Ham sandwich/2 Snack: Brummele x1 Lunch: Beef sandwich, Milk Tea Breakfast: Egg & Toast x2, Milk Snack: Grummeles 30g Dinner: Beef sandwich, Milk Tea Snack: Brummeles 20g, Dreo x2 Lunch: Pak Mince, Baccoli, Rice, Milk Breakfast: Egg & Toast x2, Milk Snack: Grummeles x1 Dinner: Ham sandwich, Baccoli, Rice Snack: Biscuit x2 Lunch: Pak Mince, Baccoli, Rice, Milk Breakfast: Egg & Toast x2, Milk Snack: Biscuit x2 Dinner: Ham - alcohol Beer x1 Lunch: Pak Mince, Baccoli, Rice, Milk Breakfast: Egg & Toast x2, Milk, Baccoli Snack: Biscuit x2 Dinner: Egg x2, Baccoli, Rice Snack: Snack
<b>Wednesday</b>	Breakfast: Chicken Sandwich, Hot Chocolate Lunch: Ham & Cheese Toast, Decaf Latte Snack: Dlice x1 Dinner: Pak Mince, Baccoli, Rice Snack: Dlice x5 Lunch: Pak Mince, Baccoli, Rice, Milk Breakfast: Egg & Toast x2, Milk Snack: Grummeles 30g Dinner: Beef sandwich, Milk Tea Snack: Grummeles 20g, Dreo x2 Lunch: Pak Mince, Baccoli, Rice, Milk Breakfast: Egg & Toast x2, Milk Snack: Grummeles 30g Dinner: Beef sandwich, Milk Tea Snack: Grummeles x1 Dinner: Mince cheese Pie, Ham sandwich/2 Snack: Brummele x1 Lunch: Beef sandwich, Milk Tea Breakfast: Egg & Toast x2, Milk Snack: Grummeles 30g Dinner: Beef sandwich, Milk Tea Snack: Brummeles 20g, Dreo x2 Lunch: Pak Mince, Baccoli, Rice, Milk Breakfast: Egg & Toast x2, Milk Snack: Grummeles x1 Dinner: Ham sandwich, Baccoli, Rice Snack: Biscuit x2 Lunch: Pak Mince, Baccoli, Rice, Milk Breakfast: Egg & Toast x2, Milk Snack: Biscuit x2 Dinner: Ham - alcohol Beer (Sd) Snack: Snack
<b>Thursday</b>	Breakfast: Egg & Toast x2, Milk Snack: Grummeles 30g Dinner: Beef sandwich, Milk Tea Snack: Grummeles 20g, Dreo x2 Lunch: Pak Mince, Baccoli, Rice, Milk Breakfast: Egg & Toast x2, Milk Snack: Grummeles 30g Dinner: Beef sandwich, Milk Tea Snack: Grummeles x1 Dinner: Mince cheese Pie, Ham sandwich/2 Snack: Brummele x1 Lunch: Beef sandwich, Milk Tea Breakfast: Egg & Toast x2, Milk Snack: Grummeles 30g Dinner: Beef sandwich, Milk Tea Snack: Grummeles 20g, Dreo x2 Lunch: Pak Mince, Baccoli, Rice, Milk Breakfast: Egg & Toast x2, Milk Snack: Grummeles x1 Dinner: Ham sandwich, Baccoli, Rice Snack: Biscuit x2 Lunch: Pak Mince, Baccoli, Rice, Milk Breakfast: Egg & Toast x2, Milk Snack: Biscuit x2 Dinner: Ham - alcohol Beer x1 Lunch: Pak Mince, Baccoli, Rice, Milk Breakfast: Egg & Toast x2, Milk, Baccoli Snack: Biscuit x2 Dinner: Egg x2, Baccoli, Rice Snack: Snack
<b>Friday</b>	Breakfast: Egg & Toast, Milk Tea Snack: Biscuit x3 Dinner: Ham & cheese Toast x2, Steak Cheese Pie/2 Snack: Chocolate x50g Lunch: Chicken Sandwich, Egg x1 Breakfast: Egg & Toast, Milk Tea Snack: Biscuit x2 Dinner: Ham & cheese Toast x2, Stak Cheese Pie/2 Snack: Ham & cheese Pie, Ham sandwich/2 Lunch: Chicken Sandwich, Egg x1 Breakfast: Egg & Toast x2, Milk Tea Snack: Biscuit x2 Dinner: Ham - alcohol Beer x1 Snack: Cheese Egg, Grummeles 10g Snack: Snack
<b>Saturday</b>	Breakfast: Bacon, Egg, Cheese Bun, Decaf Latte Snack: Manduia x1 Lunch: Beef & Chicken Sandwich Dinner: Donut, Mince & Cheese Toast Snack: Lollies 20g Lunch: Beef & Chicken Sandwich Dinner: Ham & cheese Pie/2, Mince & Cheese Pie/2 Snack: Chocolate x50g Lunch: Chicken Sandwich, Egg x1 Breakfast: Bacon, Egg, Cheese Bun, Decaf Latte Snack: Manduia x1 Lunch: Beef & Chicken Sandwich Dinner: Donut, Mince & Cheese Toast Snack: Lollies 20g Lunch: Beef & Chicken Sandwich Dinner: Ham & cheese Pie/2, Mince & Cheese Pie/2 Snack: Cheese Egg, Grummeles 10g Snack: Snack
<b>Sunday</b>	Breakfast: Egg & Toast x2, Milk Snack: Biscuit x2 Dinner: Ham - alcohol Beer x1 Lunch: Pak Mince, Baccoli, Rice, Milk Breakfast: Egg & Toast x2, Milk, Baccoli Snack: Biscuit x2 Dinner: Egg x2, Baccoli, Rice Snack: Snack



## Sleep Diary: Morning

Name: Jim Chung  
Date: 14/10/2024

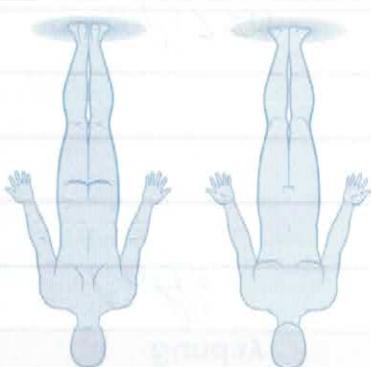
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Last night, I went to bed at:						
9 AM/PM	7:30 AM/PM	7:00 AM/PM	8:00 AM/PM	7:30 AM/PM	9:30 AM/PM	10 AM/PM
This morning, I woke up at:						
5 AM/PM	3:45 AM/PM	3:45 AM/PM	3:45 AM/PM	3:45 AM/PM	6 AM/PM	6 AM/PM
Last night, it took me about _____ mins to fall asleep:						
15 mins	10 mins	10 mins	20 mins	20 mins	30 mins	30 mins
I felt the quality of my sleep was:						
Eg. Very good (VG), Good (G), Average (A), Bad, (B), Very Bad (VB)						
VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB
This morning I feel:						
Eg. Refreshed (Ref), Tired (Tir), Groggy (Grog), Alert (Al)						
Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al
My sleep was made more difficult by:						
Eg. Temperature, noise, dreams, thoughts, not feeling tired, discomfort						
/	/	/	/	/	/	/
During the night, I woke up _____ times:						
/ times	/ times	/ times	/ times	/ times	/ times	/ times



## Sleep Diary: Night

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
I took a nap:	<input checked="" type="radio"/> Yes / No	<input checked="" type="radio"/> Yes / No	<input checked="" type="radio"/> Yes / No	<input checked="" type="radio"/> Yes / No			
I had caffeine:	<input checked="" type="radio"/> # of drinks	<input checked="" type="radio"/> # of drinks	<input checked="" type="radio"/> # of drinks	<input checked="" type="radio"/> # of drinks			
Morning	<input checked="" type="radio"/> Morning	<input checked="" type="radio"/> Morning	<input checked="" type="radio"/> Morning	<input checked="" type="radio"/> Morning	<input checked="" type="radio"/> Morning	<input checked="" type="radio"/> Morning	<input checked="" type="radio"/> Morning
Afternoon	<input checked="" type="radio"/> Afternoon	<input checked="" type="radio"/> Afternoon	<input checked="" type="radio"/> Afternoon	<input checked="" type="radio"/> Afternoon	<input checked="" type="radio"/> Afternoon	<input checked="" type="radio"/> Afternoon	<input checked="" type="radio"/> Afternoon
Evening	<input checked="" type="radio"/> Evening	<input checked="" type="radio"/> Evening	<input checked="" type="radio"/> Evening	<input checked="" type="radio"/> Evening	<input checked="" type="radio"/> Evening	<input checked="" type="radio"/> Evening	<input checked="" type="radio"/> Evening
Today I exercised for _____ minutes:							
/ Mins/hrs	/ Mins/hrs	/ Mins/hrs	/ Mins/hrs				
Medications or drugs I used today:							
/	/	/	/	/	/	/	/
Throughout the day, I felt drowsy:							
Never	<input checked="" type="radio"/> Never	<input checked="" type="radio"/> Never	<input checked="" type="radio"/> Never	<input checked="" type="radio"/> Never	<input checked="" type="radio"/> Never	<input checked="" type="radio"/> Never	<input checked="" type="radio"/> Never
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
Very often	<input checked="" type="radio"/> Very often	<input checked="" type="radio"/> Very often	<input checked="" type="radio"/> Very often	<input checked="" type="radio"/> Very often	<input checked="" type="radio"/> Very often	<input checked="" type="radio"/> Very often	<input checked="" type="radio"/> Very often
Overall, my mood today was:							
Eg. Positive (Pos), Negative (Neg), Neutral (Neu)							
Pos <input checked="" type="radio"/> Neg / Neu	<input checked="" type="radio"/> Pos / Neg <input checked="" type="radio"/> Neu	<input checked="" type="radio"/> Pos / Neg <input checked="" type="radio"/> Neu	<input checked="" type="radio"/> Pos / Neg <input checked="" type="radio"/> Neu	<input checked="" type="radio"/> Pos / Neg <input checked="" type="radio"/> 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							
Phone	Phone	Phone	Phone	Phone	Phone	Phone	Phone

**Fitness focus:**



Circle areas affected in falls:

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

My Riding Diary

Date: 14/04/84

Name: Jeffrey Middlecamp

UNIVERSITY OF NEW ZEALAND





<b>Notes:</b>	
---------------	--

<b>Saturday</b>	
Breakfast	Coffee
Lunch	Curry Bread
Snack	
Dinner	Noddle
Snack	Burgers Hamburger

<b>Wednesday</b>	
Breakfast	Coffee
Lunch	Curry
Snack	
Dinner	Hfc
Snack	Curry Bread

<b>Tuesday</b>	
Breakfast	Coffee
Lunch	Curry
Snack	
Dinner	Curry
Snack	

<b>Sunday</b>	
Breakfast	Coffee
Lunch	
Snack	
Dinner	Dinner
Snack	

<b>Friday</b>	
Breakfast	Coffee
Lunch	
Snack	
Dinner	Noddle
Snack	

<b>Wednesday</b>	
Breakfast	Coffee
Lunch	
Snack	
Dinner	Hfc
Snack	Curry Bread

<b>Monday</b>	
Breakfast	Coffee
Lunch	Curry
Snack	
Dinner	Curry
Snack	

## My Food Diary

Date:

Name: *Jeffrey Muller*

UNIVERSITY OF NEW ZEALAND

TE KŪNENGĀ KI PĒREHURUA





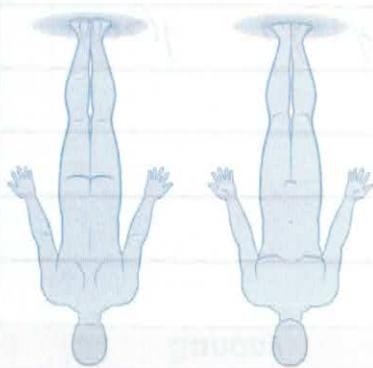
## Sleep Diary: Morning

Name: Jeevesh Narine  
Date: 14/05/2011

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Last night, I went to bed at:						
9 AM/PM	9:30 AM/PM	9:30 AM/PM	9 AM/PM	9:30 AM/PM	9:30 AM/PM	8:30 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	8:30 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						
Dream	Dream	Dream	Dream	Dream	Dream	Dream
During the night, I woke up _____ times:						
1 times	1 times	1 times	1 times	1 times	1 times	6 times

## Sleep Diary: Night

	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>	<b>Sunday</b>
I took a nap:							
Yes / 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>Yes</u> ) / No
I had caffeine:							
	# of drinks						
Morning	( <u>Morning</u> )						
Afternoon							
Evening							
Today I exercised for _____ minutes:							
	Mins/hrs						
Medications or drugs I used today:							
Throughout the day, I felt drowsy:							
Never	( <u>Never</u> )						
Sometimes							
Very often							
Overall, my mood today was:							
Eg. Positive (Pos), Negative (Neg), Neutral (Neu)							
Pos / Neg ( <u>Neu</u> )	Pos / Neg ( <u>Neu</u> )	Pos / Neg ( <u>Neu</u> )	Pos / Neg ( <u>Neu</u> )	Pos / Neg ( <u>Neu</u> )	Pos / Neg ( <u>Neu</u> )	Pos / Neg ( <u>Neu</u> )	Pos / Neg ( <u>Neu</u> )
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



Circle areas affected in falls:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Trackwork	Trackwork	Trackwork	Trackwork	Trackwork	Horses ridden	Falls
Gallops	Jumpouts	Gallops	Jumpouts	Gallops	Horses ridden	Falls
10	3	2	7	10	10	Other eg. gym/run
Trackwork	Jumpouts	Gallops	Jumpouts	Gallops	Horses ridden	Falls
Trials	Trials	Trials	Trials	Trials	Races	Races
Gallops	Jumpouts	Gallops	Jumpouts	Gallops	Races	Races
10	7	2	10	10	10	Other eg. gym/run
Wednesday	Thursday	Friday	Saturday	Sunday	Horses ridden	Falls
Trackwork	Trackwork	Trackwork	Trackwork	Trackwork	Horses ridden	Falls
Gallops	Jumpouts	Gallops	Jumpouts	Gallops	Races	Races
10	7	2	10	10	10	Other eg. gym/run
Trackwork	Jumpouts	Gallops	Jumpouts	Gallops	Races	Races
Trials	Trials	Trials	Trials	Trials	Races	Races
Gallops	Jumpouts	Gallops	Jumpouts	Gallops	Races	Races
10	7	2	10	10	10	Other eg. gym/run
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Trackwork	Trackwork	Trackwork	Trackwork	Trackwork	Horses ridden	Falls
Gallops	Jumpouts	Gallops	Jumpouts	Gallops	Races	Races
10	7	2	10	10	10	Other eg. gym/run
Trackwork	Jumpouts	Gallops	Jumpouts	Gallops	Races	Races
Trials	Trials	Trials	Trials	Trials	Races	Races
Gallops	Jumpouts	Gallops	Jumpouts	Gallops	Races	Races
10	7	2	10	10	10	Other eg. gym/run

## My Riding Diary

Date: 11 / 10 / 2024

Book of Mormon

Name: H. Mayu

CDC

## Notes:

		Snack
		Dinner
		Snack
		Lunch
		Snack
		Breakfast

McLennan Hall

## Saturday

		Snack
		Dinner
		Snack
		Lunch
		Snack
		Breakfast

Coffee

## Thursday

		Snack
		Dinner
		Snack
		Lunch
		Snack
		Breakfast

Egg Roll

## Tuesday

		Snack
		Dinner
		Snack
		Lunch
		Snack
		Breakfast

## Monday

		Snack
		Dinner
		Snack
		Lunch
		Snack
		Breakfast

## My Food Diary

Date: 14/10/2014

Name: Hamish McWhinney

UNIVERSITY OF NEW ZEALAND

TE KUNENGĀ RI PŪREHURUA





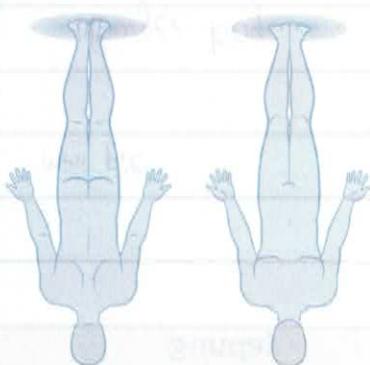
## Sleep Diary: Morning

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Last night, I went to bed at:						
<u>8.30 AM/PM</u>	<u>8.30 AM/PM</u>	<u>8.30 AM/PM</u>	<u>8.30 AM/PM</u>	<u>8.30 AM/PM</u>	<u>8.30 AM/PM</u>	<u>8.30 AM/PM</u>
This morning, I woke up at:						
<u>7.30 AM/PM</u>	<u>7.30 AM/PM</u>	<u>7.30 AM/PM</u>	<u>7.30 AM/PM</u>	<u>7.30 AM/PM</u>	<u>7.30 AM/PM</u>	<u>7.30 AM/PM</u>
Last night, it took me about ____ mins to fall asleep:						
<u>10</u> mins	<u>10</u> mins	<u>10</u> mins	<u>10</u> mins	<u>10</u> mins	<u>10</u> mins	<u>10</u> mins
I felt the quality of my sleep was:						
Eg. <u>Very good (VG)</u> , <u>Good (G)</u> , <u>Average (A)</u> , <u>Bad, (B)</u> , <u>Very Bad (VB)</u>						
<u>VG / G / A / B / VB</u>	<u>VG / G / A / B / VB</u>	<u>VG / G / A / B / VB</u>	<u>VG / G / A / B / VB</u>	<u>VG / G / A / B / VB</u>	<u>VG / G / A / B / VB</u>	<u>VG / G / A / B / VB</u>
This morning I feel:						
Eg. <u>Refreshed (Ref)</u> , <u>Tired (Tir)</u> , <u>Groggy (Grog)</u> , <u>Alert (Al)</u>						
<u>Ref / Tir / Grog / Al</u>	<u>Ref / Tir / Grog / Al</u>	<u>Ref / Tir / Grog / Al</u>	<u>Ref / Tir / Grog / Al</u>	<u>Ref / Tir / Grog / Al</u>	<u>Ref / Tir / Grog / Al</u>	<u>Ref / Tir / Grog / Al</u>
My sleep was made more difficult by:						
Eg. Temperature, noise, dreams, thoughts, not feeling tired, discomfort						
<u>Temp</u>	<u>Temp</u>	<u>Temp</u>	<u>Temp</u>	<u>Temp</u>	<u>Temp</u>	<u>Temp</u>
During the night, I woke up _____ times:						
<u>3</u> times	<u>3</u> times	<u>3</u> times	<u>3</u> times	<u>3</u> times	<u>3</u> times	<u>3</u> times



## Sleep Diary: Night

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
I took a nap: <u>Yes / No</u>	<u>Yes / No</u>	<u>Yes / No</u>	<u>Yes / No</u>	<u>Yes / No</u>	<u>Yes / No</u>	<u>Yes / No</u>
I had caffeine: <u>Yes / No</u>	<u>Yes / No</u>	<u>Yes / No</u>	<u>Yes / No</u>	<u>Yes / No</u>	<u>Yes / No</u>	<u>Yes / No</u>
# of drinks Morning <u>Afternoon</u> Evening	# of drinks Morning <u>Afternoon</u> Evening	# of drinks Morning <u>Afternoon</u> Evening	# of drinks Morning <u>Afternoon</u> Evening	# of drinks Morning <u>Afternoon</u> Evening	# of drinks Morning <u>Afternoon</u> Evening	# of drinks Morning <u>Afternoon</u> Evening
Today I exercised for _____ minutes:	_____ Mins/hrs					
Medications or drugs I used today:						
_____	_____	_____	_____	_____	_____	_____
Throughout the day, I felt drowsy:						
<u>Never</u>	<u>Never</u>	<u>Never</u>	<u>Never</u>	<u>Never</u>	<u>Never</u>	<u>Never</u>
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)						
<u>Pos / Neg / Neu</u>	<u>Pos / Neg / Neu</u>	<u>Pos / Neg / Neu</u>	<u>Pos / Neg / Neu</u>	<u>Pos / Neg / Neu</u>	<u>Pos / Neg / Neu</u>	<u>Pos / Neg / Neu</u>
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



Circle areas affected in falls:

Mondday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Trackwork	Trackwork	Trackwork	Trackwork	Trackwork	Horses ridden	Falls
Gallops	Jumpouts	Gallops	Jumpouts	Gallops	Horses ridden	Falls
10	4	1	18	1	Other eg. gym/run	Races
Trackwork	Jumpouts	Gallops	Gallops	Tracwork	Trials	Trials
Tracwork	Jumpouts	Gallops	Gallops	Tracwork	Jumpouts	Jumpouts
Tracwork	Jumpouts	Gallops	Gallops	Tracwork	Trials	Trials
Tracwork	Jumpouts	Gallops	Gallops	Tracwork	Races	Races
Tracwork	Jumpouts	Gallops	Gallops	Tracwork	Other eg. gym/run	Other eg. gym/run
Wednesday	Thursday	Friday	Saturday	Sunday		

# My Riding Diary

Date: 14.10.24

Name: Lily Sutherland

UNIVERSITY OF NEW ZEALAND

THE KUNENGAKI PAPER  
UNIVERSITY MASSACHUSETTS





## My Food Diary

Name: Lili Sutherland Date: 14.10.24

## Sleep Diary: Morning

Name: Lily Sutherland  
Date: 14/10/24

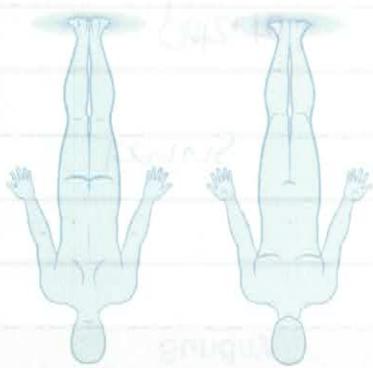
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Last night, I went to bed at:						
8 AM/PM	7 AM/PM	7 AM/PM	7.30 AM/PM	6 AM/PM	9.30 AM/PM	9 AM/PM
This morning, I woke up at:						
5 AM/PM	5 AM/PM	5 AM/PM	5 AM/PM	5 AM/PM	4.30 AM/PM	6 AM/PM
Last night, it took me about _____ mins to fall asleep:						
( <input checked="" type="checkbox"/> 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: <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> 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						
All of the above	Mostly	Some	None	None	None	None

**Fitness focus:**



Circle areas affected in falls:

# My Riding Diary

Date: \_\_\_\_\_

kor

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Notes:	

Breakfast	Sunday
Snack	Postbox
Lunch	lunch
Snack	
Dinner	
Snack	

Breakfast	Saturday
Snack	McAs
Lunch	
Snack	
Dinner	
Snack	

Breakfast	Friday
Snack	ice
Lunch	lawn
Snack	
Dinner	
Snack	

Breakfast	Thursday
Snack	Crossie
Lunch	lawn
Snack	
Dinner	
Snack	

Breakfast	Wednesday
Snack	eggs
Lunch	
Snack	
Dinner	
Snack	

Breakfast	Tuesday
Snack	break
Lunch	lawn
Snack	
Dinner	
Snack	

Breakfast	Mondays
Snack	breakfast
Lunch	nodeles
Snack	
Dinner	
Snack	

## My Food Diary

Date:

Name:

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TE RŪNENGĀ KI PĒRENGĀ





## Sleep Diary: Morning

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

Name: \_\_\_\_\_  
Date: \_\_\_\_\_

## Sleep Diary: Night

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

I took a nap:

Yes /  No Yes /  No

I had caffeine:

# of drinks # of drinks

1 Morning 1 Morning 1 Morning 1 Morning 1 Morning 1 Morning

Afternoon

Evening

Today I exercised for \_\_\_\_\_ minutes:

5 Mins/hrs 5 Mins/hrs 5 Mins/hrs 5 Mins/hrs 5 Mins/hrs 5 Mins/hrs

Medications or drugs I used today:

\_\_\_\_\_

Throughout the day, I felt drowsy:

Never Sometimes Never Sometimes Never Sometimes

Sometimes Very often Sometimes Very often Never

Very often Very often Sometimes Very often Never

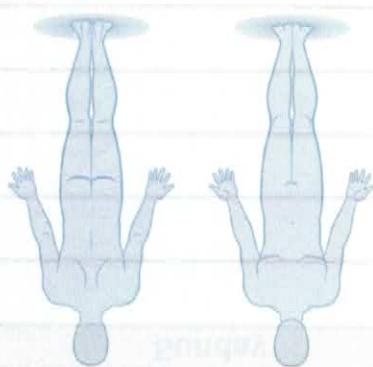
Overall, my mood today was:  
Eg. Positive (Pos), Negative (Neg), Neutral (Neu)

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

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

pn pn pn pn pn pn pn

Fitness focus:



Circle areas affected in falls:

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

Date: 14/10/21

Name: Tyler Porteous

UNIVERSITY OF NEW ZEALAND

TE KŪNENGĀ KI PĒREHURUA





Food diary  
Date: \_\_\_\_\_  
Name: \_\_\_\_\_

**Notes:****Saturday**

Breakfast	Harm + Cereals + Fruits
Snack	
Lunch	Sandwich
Dinner	Pizza
Snack	
Breakfast	
Snack	
Lunch	
Dinner	
Snack	

**Thursday**

Breakfast	Fried rice
Snack	
Lunch	Chicken sandwich
Dinner	Wings + rice bowl
Snack	
Breakfast	
Snack	
Lunch	
Dinner	
Snack	

**Tuesday**

Breakfast	Bacon + Eggs
Snack	
Lunch	Chicken wrap
Dinner	Protein snack
Snack	
Lunch	Chicken sandwich
Dinner	Wings + rice bowl
Snack	
Breakfast	
Snack	
Lunch	
Dinner	
Snack	

**Mondays**

Breakfast	Up and go
Snack	
Lunch	Sandwich
Dinner	Ramen
Snack	
Breakfast	
Snack	
Lunch	
Dinner	
Snack	

**Friday**

Breakfast	
Snack	
Lunch	
Dinner	
Snack	
Breakfast	
Snack	
Lunch	
Dinner	
Snack	

Breakfast	
Snack	
Lunch	
Dinner	
Snack	
Breakfast	
Snack	
Lunch	
Dinner	
Snack	

**Sunday**

Name: \_\_\_\_\_  
Date: \_\_\_\_\_

## Sleep Diary: Morning

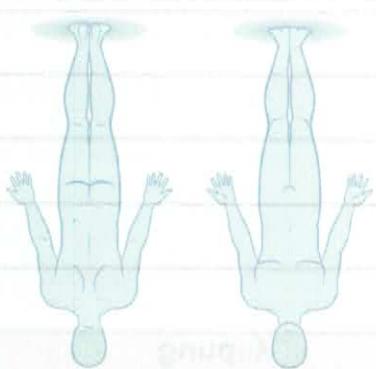
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM
Last night, I went to bed at:						
AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM
This morning, I woke up at:						
AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM
Last night, it took me about ____ mins to fall asleep: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



## Sleep Diary: Night

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



Circle areas affected in falls:

# My Riding Diary

Date: \_\_\_\_\_

UNIVERSITY OF NEW ZEALAND

THE KUNNENGA KI PDRERHURDA  
UNIVERSITY MASSLEY



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

## My Food Diary

Date: \_\_\_\_\_

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## Sleep Diary: Morning

Name: \_\_\_\_\_  
Date: \_\_\_\_\_

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

AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM
This morning, I woke up at:						

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

mins	mins	mins	mins	mins	mins	mins
I felt the quality of my sleep was: Eg. Very good (VG), Good (G), Average (A), Bad, (B), Very Bad (VB)						

VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB
This morning I feel: Eg. Refreshed (Ref), Tired (Tir), Groggy (Grog), Alert (Al)						

Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al
My sleep was made more difficult by: Eg. Temperature, noise, dreams, thoughts, not feeling tired, discomfort						

1	2	3	4	5	6	7
During the night, I woke up ____ times:						
times						



**MASSEY**  
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TE KUNENGĀ KI PŪREHROA

UNIVERSITY OF NEW ZEALAND

Name: \_\_\_\_\_  
Date: \_\_\_\_\_

## Sleep Diary: Night

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

Fitness focus:



Mondays	Tuesdays	Falls	Horses ridden	Falls	Sundays
Trackwork	Trackwork	Falls	Horses ridden	Falls	Horses ridden
Gallops	Gallops	Falls	Horses ridden	Falls	Falls
Jumpsouts	Jumpsouts	Falls	Horses ridden	Falls	Falls
Trials	Trials	Falls	Horses ridden	Falls	Falls
Races	Races	Falls	Horses ridden	Falls	Falls
Other eg. gym/run	Other eg. gym/run	Falls	Horses ridden	Falls	Falls

## My Riding Diary

Date: 14/9/24  
Name: Lysleal



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

Breakfast	Apple	Pie	Snack
Dinner	Steak	Sandwich & chips	
Snack	Chips & dip		
Lunch	<del>meat</del> eggs on bread		
Snack	<del>meat</del> eggs on bread		
Breakfast	Apple		

Saturday	
Breakfast	Apple
Snack	Lollies
Lunch	
Snack	Crackers & cereal
Dinner	Rock Bellys salad
Snack	Strawberries

Friday	
Breakfast	Apple
Snack	Muesli bar
Lunch	Tossed sandwich
Snack	Crunchy sticks
Dinner	French fries
Snack	Strawberries

Thursday	
Breakfast	Apple
Snack	Muesli bar & cereal
Lunch	Yogurt
Snack	Muesli bar & cereal
Dinner	Lamb chops & veg
Snack	Chocolate bar
Breakfast	Apple

Wednesday	
Breakfast	Apple
Snack	Muesli bar & banana
Lunch	?
Snack	Yogurt
Dinner	Roast - fork belly, veg & potatoe
Snack	Smoothie
Breakfast	Apple

Tuesday	
Breakfast	Apple
Snack	Muesli bar & cereal
Lunch	Chips
Snack	Chocolate
Dinner	Fried rice
Snack	Burgers
Breakfast	Apple

Monday	
Breakfast	Apple
Snack	Muesli bar & cereal
Lunch	Sandwich
Snack	Chocolate
Dinner	Fried rice
Snack	Burgers
Breakfast	Apple

## My Food Diary

UNIVERSITY OF NEW ZEALAND

TE KURANGA RI POREHURA



Date:

Name:



Name: \_\_\_\_\_  
Date: \_\_\_\_\_

## Sleep Diary: Morning

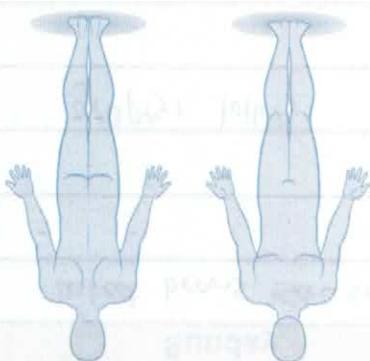
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Last night, I went to bed at:						
9 AM/PM	9:30 AM/PM	9 AM/PM	9 AM/PM	10 AM/PM	11 AM/PM	9 AM/PM
This morning, I woke up at:						
4:10 AM/PM	4:10 AM/PM	4:10 AM/PM	4:10 AM/PM	3:30 AM/PM	6:30 AM/PM	7:30 AM/PM
Last night, it took me about _____ mins to fall asleep:						
5 mins	5 mins	5 mins	10 mins	2 mins	2 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						
						discomfort
During the night, I woke up _____ times:						
times	times	times	times	1 times	times	2 times



## Sleep Diary: Night

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
I took a nap:	Yes / No						
I had caffeine:	1 # of drinks <u>Morning</u>	2 # of drinks <u>Morning</u>	1 # of drinks <u>Morning</u>	1 # of drinks <u>Morning</u>	2 # of drinks <u>Morning</u>	2 # of drinks <u>Morning</u>	2 # of drinks <u>Morning</u>
	Afternoon						
Evening	Evening	Evening	Evening	Evening	Evening	Evening	Evening
Today I exercised for _____ minutes:	10 Mins/hrs	50 Mins/hrs	45 Mins/hrs	50 Mins/hrs	50 Mins/hrs	50 Mins/hrs	20 Mins/hrs
Medications or drugs I used today:	Panadol						
Throughout the day, I felt drowsy:	Never						
Never	Sometimes						
Sometimes	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						
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:

Mondays	Tuesdays	Wednesdays	Thursdays	Fridays	Saturdays	Sundays
Horses ridden	Falls	Horses ridden	Falls	Horses ridden	Falls	Horses ridden
7	1	3	14	2	5	4
Trackwork	Trackwork	Gallops	Jumpsouts	Trials	Races	Other eg. gym/run
Gallops	Jumpsouts	Trials	Races	Other eg. gym/run	Run	7
Trials	Jumpsouts	Races	Other eg. gym/run	Run		
Races	Trials	Other eg. gym/run	Run			
Other eg. gym/run						

## My Riding Diary

UNIVERSITY OF NEW ZEALAND

TE KŪNENGA KI PĀREHURUA



Name: Lily Shorthland

Date: 20.11.24



CDG  
COUNSELLING & DEVELOPMENT GROUP  
Massey University  
AUCKLAND  
Wellington  
Nelson  
Palmerston North  
Dunedin  
Hamilton

### Notes:

Breakfast	bacon + eggs
Lunch	sushi
Snack	chocolate + crisps
Dinner	spaghetti
Snack	juice + crisps + crisps
Breakfast	bacon + eggs
Lunch	salad
Snack	juice
Dinner	spaghetti
Snack	juice + crisps + crisps
Breakfast	bacon + eggs
Lunch	salad
Snack	juice
Dinner	spaghetti
Snack	juice + crisps + crisps

### Saturday

Breakfast	bacon + eggs
Lunch	salad
Snack	juice
Dinner	spaghetti
Snack	juice
Breakfast	bacon + eggs
Lunch	salad
Snack	juice
Dinner	spaghetti
Snack	juice
Breakfast	bacon + eggs
Lunch	salad
Snack	juice
Dinner	spaghetti
Snack	juice

### Friday

Breakfast	bacon + chocolate
Lunch	sushi
Snack	juice
Dinner	spaghetti
Snack	juice
Breakfast	bacon + chocolate
Lunch	salad
Snack	juice
Dinner	spaghetti
Snack	juice
Breakfast	bacon + chocolate
Lunch	salad
Snack	juice
Dinner	spaghetti
Snack	juice

### Wednesday

Breakfast	Muesli bar
Lunch	
Snack	
Dinner	wrap
Snack	
Breakfast	muesli bar
Lunch	
Snack	
Dinner	wrap
Snack	
Breakfast	muesli bar
Lunch	
Snack	
Dinner	wrap
Snack	
Breakfast	muesli bar
Lunch	
Snack	
Dinner	wrap
Snack	

## My Food Diary

UNIVERSITY OF NEW ZEALAND



THE KUNENGĀ KE PIRĒHURĀ  
UNIVERSITY OF NEW ZEALAND

Date: 15 September

Name: 20.11.24

Date: 15 September

Name: 20.11.24



## Sleep Diary: Morning

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Last night, I went to bed at:						
8 AM/PM	7.30 AM/PM	7 AM/PM	10.30 AM/PM	4 AM/PM	8 AM/PM	12 AM/PM
This morning, I woke up at:						
AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM
Last night, it took me about _____ mins to fall asleep:	10 mins					
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 / A					
My sleep was made more difficult by: Eg. Temperature, noise, dreams, thoughts, not feeling tired, discomfort	X					
During the night, I woke up _____ times:	0 times	times	times	times	times	times

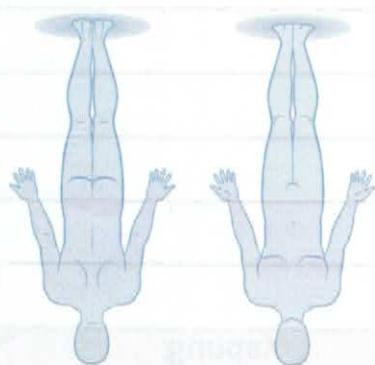


## Sleep Diary: Night

Name: Lily Sutherland  
Date: 20.11.24

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

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	6	6	Gallops	2	6	Trackwork	6	6	Trackwork	6	6	Gallops	2	6	Jumpsouts			Trials		Races	Other eg. gym/run
Jumpsouts	18	2	Gallops			Jumpsouts			Jumpsouts			Trials			Races			Trials		Races	Other eg. gym/run
Trials	6	6	Gallops			Trials		Races	Other eg. gym/run												
Races			Gallops			Races		Trials	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		Trials	Other eg. gym/run

## My Riding Diary

Date:

Name: Ellie

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TE KŪNENGĀ RI PŪRHEHUROA





## Monday

### My Food Diary

Name: \_\_\_\_\_

Date: \_\_\_\_\_

UNIVERSITY OF NEW ZEALAND



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

Breakfast	Sunday
Snack	
Lunch	
Snack	
Dinner	
Snack	

Saturday	
----------	--

Breakfast	Friday
Snack	
Lunch	
Snack	
Dinner	
Snack	

Wednesday	
-----------	--

Breakfast	Wednesday
Snack	
Lunch	
Snack	
Dinner	
Snack	

Tuesday	
---------	--

Breakfast	Monday
Snack	
Lunch	
Snack	
Dinner	
Snack	





## Sleep Diary: Morning

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Last night, I went to bed at:						
9:30 AM/PM	12:00 AM/PM	10 AM/PM	10 AM/PM	10 AM/PM	10 AM/PM	10 AM/PM
This morning, I woke up at:						
3:30 AM/PM	4:30 AM/PM	3:30 AM/PM	4:30 AM/PM	3:30 AM/PM	4:30 AM/PM	5:30 AM/PM
Last night, it took me about ____ mins to fall asleep:						
mins	mins	mins	mins	mins	mins	mins
I felt the quality of my sleep was:						
Eg. Very good (VG), Good (G), Average (A), Bad, (B), Very Bad (VB)						
VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB
This morning I feel:						
Eg. Refreshed (Ref), Tired (Tir), Groggy (Grog), Alert (Al)						
Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al
My sleep was made more difficult by:						
Eg. Temperature, noise, dreams, thoughts, not feeling tired, discomfort						
During the night, I woke up ____ times:						
times	times	times	times	times	times	times



## Sleep Diary: Night

Name: \_\_\_\_\_  
Date: \_\_\_\_\_

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
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:						
Medication	Medication	Medication	Medication	Medication	Medication	Medication
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	Shower	Shower	Shower	Shower	Shower	Shower



	<b>Saturday</b>
Breakfast	Up & go
Snack	Veggie slice and dip
Lunch	Veggie slice and dip
Snack	Veggie slice and dip
Dinner	Like (j)ab
Snack	

Thursday	
Breakfast	Up at 6:00
Snack	Vegetable soup
Lunch	Ice cream
Snack	Vegetables
Dinner	Kebabs
Snack	Snack

	<b>Sunday</b>
Breakfast	yogurt
Snack	chicken bars.
Lunch	
Snack	
Dinner	
Snack	
	Snack

Breakfast	Up & go
Snack	Rice Vegetable Wrap
Lunch	Kale Salad
Snack	Water
Dinner	Steamed Vegetables
Snack	Apple
Snack	Orange juice

M	Breakfast	Up & go
eggs	Lunch	rice waf
rice	Snack	
waf	Dinner	A E C
	Snack	

# My Food Diary

Date: \_\_\_\_\_

Name:

UNIVERSITY OF NEW ZEALAND



## Sleep Diary: Morning

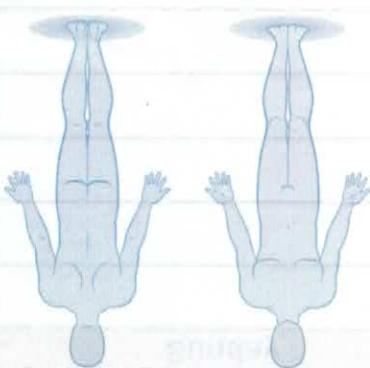
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Last night, I went to bed at:						
9 AM/PM	11 AM/PM	11 AM/PM	11 AM/PM	11 AM/PM	10 AM/PM	10 AM/PM
This morning, I woke up at:						
5:30 AM/PM	11 AM/PM	11 AM/PM	11 AM/PM	11 AM/PM	10 AM/PM	10 AM/PM
Last night, it took me about ____ mins to fall asleep:						
30 mins	41 mins	16 mins	6 mins	11 mins	16 mins	11 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	Temperature					
During the night, I woke up ____ times:						
0 times	16 times	16 times	16 times	16 times	16 times	16 times



## Sleep Diary: Night

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
I took a nap:						
Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
I had caffeine:						
# of drinks	# of drinks	# of drinks	# of drinks	# of drinks	# of drinks	# of drinks
Morning	Morning	Morning	Morning	Morning	Morning	Morning
Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon
Evening	Evening	Evening	Evening	Evening	Evening	Evening
Today I exercised for _____ minutes:	10	15	10	10	10	10
Mins/hr	Mins/hr	Mins/hr	Mins/hr	Mins/hr	Mins/hr	Mins/hr
Medications or drugs I used today:						
Throughout the day, I felt drowsy:						
Never	Never	Never	Never	Never	Never	Never
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	Computer	Sleep	Dishwashing			

Fitness focus:



Circle areas affected in falls:

## My Riding Diary

Date: 20/11/24

Name: Lenny Paulus

UNIVERSITY OF NEW ZEALAND



Notes:

**Sunday**

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

**Saturday****Friday****Wednesday****Wednesday****Tuesday****Mondays**

Name: \_\_\_\_\_ Date: \_\_\_\_\_



## Sleep Diary: Morning

Name: \_\_\_\_\_  
Date: \_\_\_\_\_

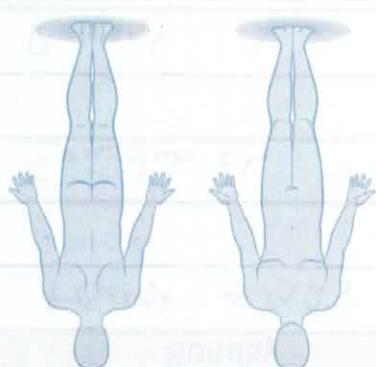
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Last night, I went to bed at:						
AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM
This morning, I woke up at:						
AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM
Last night, it took me about ____ mins to fall asleep:						
mins	mins	mins	mins	mins	mins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



## Sleep Diary: Night

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
I took a nap:						
Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
I had caffeine:						
# of drinks	# of drinks	# of drinks	# of drinks	# of drinks	# of drinks	# of drinks
Morning	Morning	Morning	Morning	Morning	Morning	Morning
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:



Circle areas affected in falls:

My Riding Diary			
Mondays	Tuesdays	Wednesdays	Thursdays
Falls	Horses ridden	Horses ridden	Falls
10	6	8	4
Gallops	Jumpsouts	Tracework	Gallops
Trials	Jumpsouts	Tracework	Trials
Races	Races	Races	Races
Other eg. gym/run	Other eg. gym/run	Other eg. gym/run	Other eg. gym/run
Fridays	Saturdays	Sundays	
Falls	Horses ridden	Horses ridden	
10	10	10	
Gallops	Jumpsouts	Tracework	Gallops
Trials	Jumpsouts	Tracwork	Trials
Races	Races	Races	Races
Other eg. gym/run	Other eg. gym/run	Other eg. gym/run	Other eg. gym/run
Sundays	Horses ridden	Falls	
8	5	5	
Gallops	Jumpsouts	Tracwork	Gallops
Trials	Jumpsouts	Tracwork	Trials
Races	Races	Races	Races
Other eg. gym/run	Other eg. gym/run	Other eg. gym/run	Other eg. gym/run

Date: 20/11/24

Name: Amber

UNIVERSITY OF NEW ZEALAND

TE KŪNENGĀ KI PĀREHURUA





## Monday

### Wednesday

### Saturday

### Notes:

Breakfast	Toasts + eggs
Snack	Lunch
Dinner	Snack
Snack	Dinner
Breakfast	Breakfast

Breakfast	Toasts + bacon eggs
Snack	Lunch
Dinner	Snack
Snack	Dinner
Breakfast	Breakfast

Breakfast	Musli bar
Snack	Lunch
Dinner	Snack
Snack	Dinner
Breakfast	Breakfast

Breakfast	Toasts + eggs
Snack	Lunch
Dinner	Snack
Snack	Dinner
Breakfast	Breakfast

## My Food Diary

Date:

Name:

UNIVERSITY OF NEW ZEALAND

TE KURANGA RI PIRERUROA





## Sleep Diary: Morning

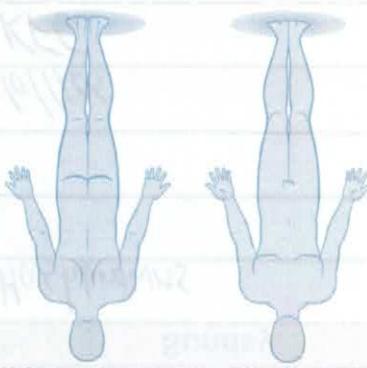
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Last night, I went to bed at:						
9 AM/PM	9 AM/PM	9 AM/PM	9 AM/PM	9 AM/PM	9 AM/PM	9 AM/PM
This morning, I woke up at:						
5 AM/PM	5 AM/PM	5 AM/PM	5 AM/PM	5 AM/PM	5 AM/PM	7 AM/PM
Last night, it took me about <u>5</u> mins to fall asleep:						
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 <u>0</u> times:						
0 times	0 times	0 times	0 times	0 times	0 times	0 times



Name: \_\_\_\_\_  
Date: \_\_\_\_\_

## Sleep Diary: Night

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
I took a nap: <input checked="" type="checkbox"/> Yes / No	<input checked="" type="checkbox"/> Yes / No	<input checked="" type="checkbox"/> Yes (No)	<input checked="" type="checkbox"/> Yes (Yes)	<input checked="" type="checkbox"/> 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 <u>30</u> minutes:						
30 Mins/hrs	1 Mins/hrs	30 Mins/hrs	30 Mins/hrs	30 Mins/hrs	30 Mins/hrs	30 Mins/hrs
Medications or drugs I used today:						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Throughout the day, I felt drowsy:						
<input checked="" type="checkbox"/> Never	<input checked="" type="checkbox"/> Never	<input checked="" type="checkbox"/> Never	<input checked="" type="checkbox"/> Never	<input checked="" type="checkbox"/> Never	<input checked="" type="checkbox"/> Never	<input checked="" type="checkbox"/> 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)						
<input checked="" type="checkbox"/> Pos / Neg / Neu	<input checked="" type="checkbox"/> Pos / Neg / Neu	<input checked="" type="checkbox"/> Pos / Neg / Neu	<input checked="" type="checkbox"/> Pos / Neg / Neu	<input checked="" type="checkbox"/> Pos / Neg / Neu	<input checked="" type="checkbox"/> Pos / Neg / Neu	<input checked="" type="checkbox"/> Pos / Neg / Neu
In the hour before bed, my activities included:						
Eg. Reading, computer, TV, showering, phone, eating, spending time with partner						
Phone	TV	Computer	Phone	Phone	Phone	Phone



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	3	Trackwork	10	4	Trackwork	8	2	Trackwork	8	4	Gallops	8	2	Gallops	8	4	Trials			Run 3km
Gallops	3	5	Gallops	4	14	Gallops	8	2	Gallops	8	4	Jumpsouts	8	2	Jumpsouts	8	4	Trials			Ryan
Jumpsouts	5	3	Jumpsouts	4	10	Jumpsouts	8	2	Jumpsouts	8	4	Races	8	2	Races	8	4	Trials			
Races	8	2	Other eg. gym/run	8	2	Other eg. gym/run	8	2	Trials												
Other eg. gym/run	8	2							Other eg. gym/run												

## My Riding Diary

Date:

Name: Ryan

UNIVERSITY OF NEW ZEALAND





## Monday

Date:

Name:

UNIVERSITY OF NEW ZEALAND

TE KŪNENGĀ NI PIRĒHURUA

MASSEY UNIVERSITY



Notes:	

Sunday	
Breakfast	Hushpuppies
Snack	10/11/18
Lunch	
Snack	
Dinner	KFC
Snack	

Saturday	
Breakfast	Apple & coffee
Snack	
Lunch	Crabs on toast
Snack	
Dinner	Salmon & broccoli
Snack	

Friday	
Breakfast	Apple
Snack	
Lunch	
Snack	
Dinner	Salad
Snack	

Thursday	
Breakfast	Apple & coffee
Snack	
Lunch	Crackers & cheese
Snack	
Dinner	Salad
Snack	

Wednesday	
Breakfast	Apple & coffee
Snack	Muesli bar
Lunch	
Snack	
Dinner	Biffle children
Snack	

Tuesday	
Breakfast	Apple & coffee
Snack	Muesli bar
Lunch	Pie
Snack	Bananas
Dinner	Sheek & eggs
Snack	

Monday	
Breakfast	Apple & coffee
Snack	Muesli bar
Lunch	Taco Pie - Ham & cheese
Snack	
Dinner	Children's roast
Snack	

## My Food Diary



## Sleep Diary: Morning

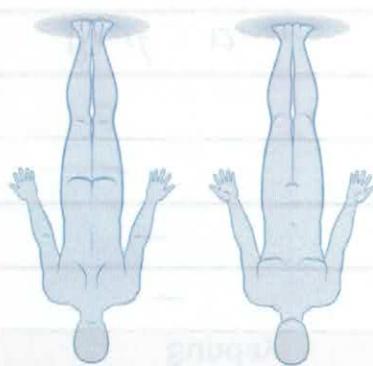
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Last night, I went to bed at:						
9 AM/PM	10 AM/PM	9:10 AM/PM	9:30 AM/PM	9:30 AM/PM	11 AM/PM	9:10 AM/PM
This morning, I woke up at:						
4:10 AM/PM	4:10 AM/PM	4:10 AM/PM	4:10 AM/PM	5:30 AM/PM	4:10 AM/PM	9 AM/PM
Last night, it took me about ____ mins to fall asleep:						
10 mins	10 mins	5 mins	5 mins	10 mins	5 mins	5 mins
I felt the quality of my sleep was:						
Eg. Very good (VG), Good (G), Average (A), Bad, (B), Very Bad (VB)	VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB
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	Discomfort	Thoughts	Temp	Thoughts	Temp	Thoughts
During the night, I woke up ____ times:						
times	times	3 times	2 times	2 times	times	times

Name: \_\_\_\_\_  
 Date: \_\_\_\_\_

## Sleep Diary: Night

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
I took a nap: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
I had caffeine:  1 # of drinks Morning Afternoon Evening	2 # of drinks Morning Afternoon Evening	1 # of drinks Morning Afternoon Evening				
Today I exercised for <u>60</u> Mins/hrs	<del>20</del> Mins/hrs	20 Mins/hrs	10 - <del>15</del> Mins/hrs	50 Mins/hrs	10 Mins/hrs	Mins/hrs
Medications or drugs I used today:				Panadol	Panadol	
Throughout the day, I felt drowsy:						
Never Sometimes Very often	Never Sometimes Very often	Never Sometimes Very often	Never Sometimes Very often	Never Sometimes Very often	Never Sometimes Very often	Never Sometimes Very often
Overall, my mood today was: Eg. Positive (Pos), Negative (Neg), Neutral (Neu)						
Pos / Neg / Neu	Pos / Neg / Neu	Pos / Neg / Neu	Pos / Neg / Neu	Pos / Neg / Neu	Pos / Neg / Neu	Pos / Neg / Neu
In the hour before bed, my activities included: Eg. Reading, computer, TV, showering, phone, eating, spending time with partner	TV	TV	TV	TV	TV	TV

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

## My Riding Diary

Date: 12/3/25

Name: Liumy Dcruz

UNIVERSITY OF NEW ZEALAND

TE KŪNENGĀ KI PĒREHŪRĀ





## Monday

Breakfast		Snack	Dinner	Snack
—	—	—	—	—
—	—	—	—	—
—	—	—	—	—
—	—	—	—	—

Breakfast		Snack	Dinner	Snack
—	—	—	—	—
—	—	—	—	—
—	—	—	—	—
—	—	—	—	—

Breakfast		Snack	Lunch	Snack
—	—	—	—	—
—	—	—	—	—
—	—	—	—	—
—	—	—	—	—

## Saturday

Breakfast		Snack	Lunch	Snack
—	—	—	—	—
—	—	—	—	—
—	—	—	—	—
—	—	—	—	—

## Notes:

Breakfast		Snack	Lunch	Snack
—	—	—	—	—
—	—	—	—	—
—	—	—	—	—
—	—	—	—	—

## Sunday

Breakfast		Snack	Lunch	Snack
—	—	—	—	—
—	—	—	—	—
—	—	—	—	—
—	—	—	—	—

## Friday

Breakfast		Snack	Lunch	Snack
—	—	—	—	—
—	—	—	—	—
—	—	—	—	—
—	—	—	—	—

## Wednesday

Breakfast		Snack	Lunch	Snack
—	—	—	—	—
—	—	—	—	—
—	—	—	—	—
—	—	—	—	—

## My Food Diary

Date:

Name:

Name:

UNIVERSITY OF NEW ZEALAND

TE KUNENGĀ KI PŪREHURUA

THE UNIVERSITY OF NEW ZEALAND

MASSEY UNIVERSITY



Name: \_\_\_\_\_  
Date: \_\_\_\_\_

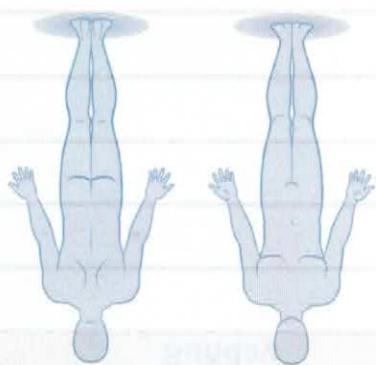
## Sleep Diary: Morning

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Last night, I went to bed at:						
10 AM/PM	10 AM/PM	10 AM/PM	10 AM/PM	10 AM/PM	10 AM/PM	10 AM/PM
This morning, I woke up at:						
5 AM/PM	5 AM/PM	5 AM/PM	5 AM/PM	5 AM/PM	5 AM/PM	5 AM/PM
Last night, it took me about <u>20</u> 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 <u>4</u> times:						
4 times	4 times	4 times	4 times	4 times	4 times	4 times

## Sleep Diary: Night

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
I took a nap:	Yes <input checked="" type="radio"/>	Yes / <input type="radio"/>	Yes / <input type="radio"/>	Yes / <input type="radio"/>	Yes / <input checked="" type="radio"/>	Yes / <input type="radio"/>	Yes / <input type="radio"/>
I had caffeine:							
# of drinks	# of drinks	# of drinks	# of drinks	# of drinks	# of drinks	# of drinks	# of drinks
Morning	Morning	Morning	Morning	Morning	Morning	Morning	Morning
Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon
Evening	Evening	Evening	Evening	Evening	Evening	Evening	Evening
Today I exercised for <input checked="" type="radio"/> Mins/hrs							
Medications or drugs I used today:							
Throughout the day, I felt drowsy:							
Never <input checked="" type="radio"/>	Never <input type="radio"/>	Never <input type="radio"/>	Never <input type="radio"/>	Never <input type="radio"/>	Never <input type="radio"/>	Never <input type="radio"/>	Never <input type="radio"/>
Sometimes <input type="radio"/>	Sometimes <input type="radio"/>	Sometimes <input type="radio"/>	Sometimes <input type="radio"/>	Sometimes <input type="radio"/>	Sometimes <input type="radio"/>	Sometimes <input type="radio"/>	Sometimes <input type="radio"/>
Very often <input type="radio"/>	Very often <input type="radio"/>	Very often <input type="radio"/>	Very often <input type="radio"/>	Very often <input type="radio"/>	Very often <input type="radio"/>	Very often <input type="radio"/>	Very often <input type="radio"/>
Overall, my mood today was: Eg. Positive (Pos), Negative (Neg), Neutral (Neu)							
Pos <input checked="" type="radio"/>	Neg / Neu <input type="radio"/>	Pos <input type="radio"/>	Neg / Neu <input type="radio"/>	Pos <input type="radio"/>	Neg / Neu <input type="radio"/>	Pos / Neg / Neu <input type="radio"/>	Pos / Neg / Neu <input checked="" type="radio"/>
In the hour before bed, my activities included: Eg. Reading, computer, TV, showering, phone, eating, spending time with partner	T <input checked="" type="checkbox"/>	T <input checked="" type="checkbox"/>	2 hrs <input type="checkbox"/>	+ <input type="checkbox"/>	Work <input type="checkbox"/>	T <input checked="" type="checkbox"/>	T <input checked="" type="checkbox"/>

Fitness focus:

*gym*

Circle areas affected in falls:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Falls	Horses ridden	Falls	Horses ridden	Falls	Horses ridden	Falls
Gallops	7	7	7	7	7	7
Jumpsouts						
Trials	1					
Races						
Other eg. gym/run	<i>gym / hill run</i>	<i>gym / hill run</i>	<i>gym / hill run</i>	<i>gym</i>	<i>gym</i>	<i>gym</i>
Mondays						

## My Riding Diary

Date:

*Zo. Ha.*

Name:

UNIVERSITY OF NEW ZEALAND

TE KŪNENGA KI PIRHEHUROA





Notes:

Breakfast	Sunday
Snack	
Dinner	
Lunch	
Snack	
Breakfast	

Saturday

Breakfast	
Snack	
Lunch	
Snack	
Dinner	
Snack	

Breakfast	Friday
Snack	
Dinner	
Snack	
Lunch	
Snack	
Breakfast	

Wednesday

Breakfast	
Snack	
Lunch	
Snack	
Dinner	
Snack	
Breakfast	

Breakfast	Wednesday
Snack	
Dinner	
Snack	
Lunch	
Snack	
Breakfast	

Tuesday

Breakfast	
Snack	
Lunch	
Snack	
Dinner	
Snack	
Breakfast	

Breakfast	Monday
Snack	
Dinner	
Snack	
Lunch	
Snack	
Breakfast	

Name: \_\_\_\_\_  
Date: \_\_\_\_\_

## Sleep Diary: Morning

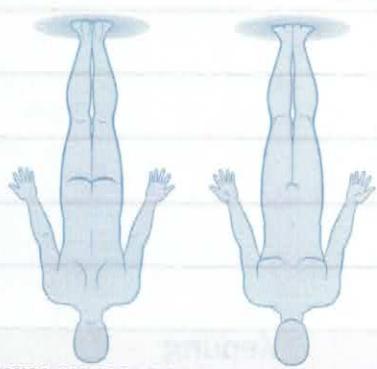
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM
Last night, I went to bed at:						
This morning, I woke up at:						
Last night, it took me about ____ mins to fall asleep:						
mins	mins	mins	mins	mins	mins	mins
I felt the quality of my sleep was: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

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:							
Mins/hrs	Mins/hrs	Mins/hrs	Mins/hrs	Mins/hrs	Mins/hrs	Mins/hrs	Mins/hrs
Throughout the day, I felt drowsy:							
Never	Never	Never	Never	Never	Never	Never	Never
Sometimes	Sometimes	Sometimes	Sometimes	Sometimes	Sometimes	Sometimes	Sometimes
Very often	Very often	Very often	Very often	Very often	Very often	Very often	Very often
Overall, my mood today was: Eg. Positive (Pos), Negative (Neg), Neutral (Neu)							
Pos / Neg / Neu	Pos / Neg / Neu	Pos / Neg / Neu	Pos / Neg / Neu	Pos / Neg / Neu	Pos / Neg / Neu	Pos / Neg / Neu	Pos / Neg / Neu
In the hour before bed, my activities included: Eg. Reading, computer, TV, showering, phone, eating, spending time with partner							

Fitness focus:



Circle areas affected in falls:

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

## My Riding Diary

Date: \_\_\_\_\_

Name: \_\_\_\_\_

UNIVERSITY OF NEW ZEALAND

TE KŪNENGA KI PIRHEHORA





Notes:

Breakfast	Sunday
Snack	
Dinner	
Lunch	
Snack	
Breakfast	

Saturday

Breakfast	Friday
Snack	
Dinner	
Snack	
Lunch	
Snack	
Breakfast	

Wednesday

Breakfast	Wednesday
Snack	
Dinner	
Snack	
Lunch	
Snack	
Breakfast	

Tuesday

Breakfast	Mondays
Snack	
Dinner	
Snack	
Lunch	
Snack	
Breakfast	

Monday

Snack	
Dinner	
Snack	
Lunch	
Snack	
Breakfast	



## 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	9:30 AM/PM	12:00 AM/PM	10 AM/PM
This morning, I woke up at:						
3:30 AM/PM	4:30 AM/PM	3:30 AM/PM	4:30 AM/PM	4:30 AM/PM	4:30 AM/PM	7 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						
Dreams	Dreams	Dreams	Dreams	Dreams	Dreams	Dreams
During the night, I woke up _____ times:						
— times	— times	— times	— times	— times	— times	— times

Name: \_\_\_\_\_  
Date: \_\_\_\_\_

## Sleep Diary: Night

**Monday**

**Tuesday**

**Wednesday**

**Thursday**

**Friday**

**Saturday**

**Sunday**

I took a nap:

Yes  No

I had caffeine:

Yes  No

# 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:

IDK

IDK

IDK

IDK

IDK

IDK

IDK

Medications or drugs I used today:

IDK

IDK

IDK

IDK

IDK

IDK

IDK

Throughout the day, I felt drowsy:

Never

Never

Never

Never

Never

Never

Never

Sometimes

Sometimes

Sometimes

Sometimes

Sometimes

Sometimes

Sometimes

Very often

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

Pos / Neg / Neu

In the hour before bed, my activities included:

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

Showers

Showers

Showers

Showers

Showers

Showers

Showers

Showers

Phone

Phone

Phone

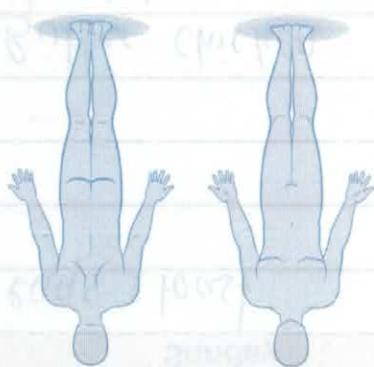
Phone

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	Sunday	Horses ridden	Falls
Gallops	8	Trackwork	2	Trackwork	8	Gallops	2	Trackwork	8	Gallops	?	Jumpsouts	4	Tracwork	8	Races	3-4km
Jumpsouts	5	Gallops	2	Jumpsouts	8	Gallops	2	Jumpsouts	8	Gallops	?	Trials	1	Jumpsouts	1	Other eg. gym/run	
Trials	6	Jumpsouts	5	Trials	6	Jumpsouts	5	Trials	6	Jumpsouts	5	Races	1	Trials	1	Other eg. gym/run	
Races	8	Trials	1	Races	1	Trials	1	Races	1	Trials	1	Other eg. gym/run		Races	1	Other eg. gym/run	
Other eg. gym/run	3km	Other eg. gym/run	2km	Other eg. gym/run	2km	Other eg. gym/run	2km	Other eg. gym/run	2km	Other eg. gym/run	2km	Other eg. gym/run	1	Other eg. gym/run	1	Other eg. gym/run	

## My Riding Diary

Date: 12/3/25

Name: Gryffal

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THE KUNINGA RI POKERHURUA



**Notes:**

Tuesday	
Breakfast	Banana
Snack	Muesli bar & VP & agf
Lunch	Chesse fascie
Snack	Muesli bar
Breakfast	Banana
Snack	Muesli bar & VP & agf
Breakfast	Banana
Snack	Muesli bar

**Wednesday**

Wednesday	
Breakfast	Banana
Snack	Muesli bar
Lunch	Muesli bar
Snack	Muesli bar
Breakfast	Banana
Snack	Muesli bar & VP & agf
Breakfast	Banana
Snack	Muesli bar

**Sunday**

Sunday	
Breakfast	eggs & hash
Snack	chicken
Lunch	
Snack	
Dinner	Salad & chicken breast
Snack	cheese & crackers
Lunch	cheese & sandwich
Snack	Muesli bar
Breakfast	Banana
Snack	Muesli bar & VP & agf
Lunch	cheese sandwich
Snack	Muesli bar
Dinner	chinese
Snack	
Notes:	

Saturday	
Breakfast	Banana
Snack	Muesli bar & VP & agf
Lunch	cheese sandwich
Snack	Muesli bar
Dinner	chinese
Snack	
Notes:	

**Friday**

Friday	
Breakfast	Banana
Snack	Muesli bar & VP & agf
Lunch	cheese sandwich
Snack	Muesli bar
Dinner	rice
Snack	
Notes:	

**Sunday**

Sunday	
Breakfast	eggs & hash
Snack	chicken
Lunch	
Snack	
Dinner	salad & chicken breast
Snack	cheese & crackers
Lunch	sandwich
Snack	Muesli bar
Breakfast	Banana
Snack	Muesli bar & VP & agf
Lunch	cheese sandwich
Snack	Muesli bar
Dinner	chinese
Snack	
Notes:	



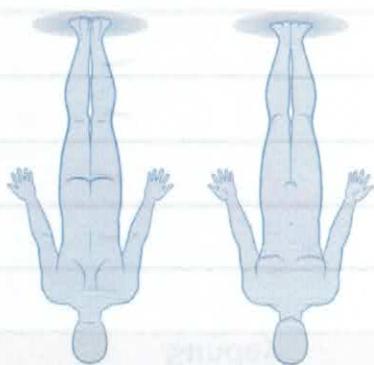
## Sleep Diary: Morning

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Last night, I went to bed at:						
9:30 AM/PM	9:30 AM/PM	10 AM/PM	10 AM/PM	9:30 AM/PM	11 AM/PM	9 AM/PM
This morning, I woke up at:						
4:40 AM/PM	5:40 AM/PM	5:40 AM/PM	4:20 AM/PM	4:10 AM/PM	5:40 AM/PM	9 AM/PM
Last night, it took me about ____ mins to fall asleep:						
10 mins	5 mins	5 mins	10 mins	20 mins	5 mins	10 mins
I felt the quality of my sleep was:						
Eg. Very good (VG), Good (G), Average (A), Bad, (B), Very Bad (VB)						
VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB
This morning I feel:						
Eg. Refreshed (Ref), Tired (Tir), Groggy (Grog), Alert (Al)						
Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al
My sleep was made more difficult by:						
Eg. Temperature, noise, dreams, thoughts, not feeling tired, discomfort						
			Temp		discomfort	
During the night, I woke up _____ times:						
times	times	times	2 times	5 times	times	1 times

## Sleep Diary: Night

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
I took a nap:	Yes <input checked="" type="radio"/>	Yes <input checked="" type="radio"/>	Yes <input checked="" type="radio"/>	Yes <input checked="" type="radio"/>	Yes <input checked="" type="radio"/>	Yes <input checked="" type="radio"/>	Yes <input checked="" type="radio"/>
I had caffeine:							
# of drinks	# of drinks	# of drinks	# of drinks	# of drinks	# of drinks	# of drinks	# of drinks
Morning	Morning	Morning	Morning	Morning	Morning	Morning	Morning
Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon
Evening	Evening	Evening	Evening	Evening	Evening	Evening	Evening
Today I exercised for _____ minutes:	30	30	45				
Medications or drugs I used today:	Panadol						
Throughout the day, I felt drowsy:	Never <input checked="" type="radio"/>	Never <input checked="" type="radio"/>	Never <input checked="" type="radio"/>	Never <input checked="" type="radio"/>	Never <input checked="" type="radio"/>	Never <input checked="" type="radio"/>	Never <input checked="" type="radio"/>
	Sometimes <input checked="" type="radio"/>	Sometimes <input checked="" type="radio"/>	Sometimes <input checked="" type="radio"/>	Sometimes <input checked="" type="radio"/>	Sometimes <input checked="" type="radio"/>	Sometimes <input checked="" type="radio"/>	Sometimes <input checked="" type="radio"/>
	Very often <input checked="" type="radio"/>	Very often <input checked="" type="radio"/>	Very often <input checked="" type="radio"/>	Very often <input checked="" type="radio"/>	Very often <input checked="" type="radio"/>	Very often <input checked="" type="radio"/>	Very often <input checked="" type="radio"/>
Overall, my mood today was:	Never <input checked="" type="radio"/>	Never <input checked="" type="radio"/>	Never <input checked="" type="radio"/>	Never <input checked="" type="radio"/>	Never <input checked="" type="radio"/>	Never <input checked="" type="radio"/>	Never <input checked="" type="radio"/>
Eg. Positive (Pos), Negative (Neg), Neutral (Neu)	Pos <input checked="" type="radio"/>	Neg / Neu <input checked="" type="radio"/>	Pos / Neg / Neu <input checked="" type="radio"/>	Pos / Neg <input checked="" type="radio"/>	Pos / Neg / Neu <input checked="" type="radio"/>	Pos / Neg / Neu <input checked="" type="radio"/>	Pos / Neg / Neu <input checked="" type="radio"/>
In the hour before bed, my activities included:	TV, Phone	TV, Phone	TV, Phone	TV, Phone	TV, Phone	TV, Phone	TV, Phone
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

**Fitness focus:** —



Circle areas affected in falls:

Mondays	Tuesday	Wednesday	Thursday	Fridays	Saturday	Sunday
Trackwork	10	10	11	10	10	10
Horses ridden	10	10	11	10	10	10
Falls						
Trackwork	10	10	11	10	10	10
Horses ridden	10	10	11	10	10	10
Falls						
Gallops	2	2	2	2	2	2
Jumpsouts						
Trials						
Races						
Other eg. gym/run						
Gallops						
Jumpsouts						
Trials						
Races						
Other eg. gym/run						
Gallops	10	10	11	10	10	10
Jumpsouts						
Trials						
Races						
Other eg. gym/run						
Gallops	10	10	11	10	10	10
Jumpsouts						
Trials						
Races						
Other eg. gym/run						
Gallops	10	10	11	10	10	10
Jumpsouts						
Trials						
Races						
Other eg. gym/run						

## My Riding Diary

Date: 12/03/25

Name: Chonky Shin Uch



## Tuesday

## My Food Diary

Date:

Name: Chey Shun wei

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MASSY UNIVERSITY



## Monday

## Breakfast

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

## Lunch

rice

## Wednesday

## Breakfast

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

## Friday

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

## Saturday

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

## Sunday

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

## Notes:



## Sleep Diary: Morning

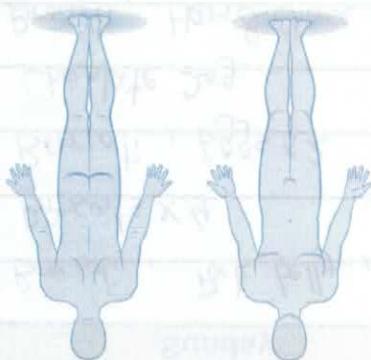
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Last night, I went to bed at:						
12	12	12	12	12	12	7
AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM
This morning, I woke up at:						
04:30	04:30	04:30	04:30	04:30	04:30	2
AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM
Last night, it took me about ____ mins to fall asleep:						
mins	mins	mins	mins	mins	mins	mins
I felt the quality of my sleep was:						
Eg. Very good (VG), Good (G), Average (A), Bad, (B), Very Bad (VB)						
VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB
This morning I feel:						
Eg. Refreshed (Ref), Tired (Tir), Groggy (Grog), Alert (Al)						
Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al
My sleep was made more difficult by:						
Eg. Temperature, noise, dreams, thoughts, not feeling tired, discomfort						
—	—	—	—	—	—	—
During the night, I woke up ____ times:						
— times	— times	— times	— times	— times	— times	— times

Name: \_\_\_\_\_  
Date: \_\_\_\_\_

## Sleep Diary: Night

	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>	<b>Sunday</b>
I took a nap:	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:							
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 <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 / Neg / Neu						
In the hour before bed, my activities included: Eg. Reading, computer, TV, showering, phone, eating, spending time with partner	Phone						

Fitness focus: Sleep



Circle areas affected in falls:

My Riding Diary			
Monday	Tuesday	Wednesday	Thursday
Falls	Horses ridden	Horses ridden	Falls
6	5	4	2
Trials	Jumpsouts	Gallops	Gallops
Races			
Other eg. gym/run			
Monday	Tuesday	Wednesday	Thursday
Falls	Horses ridden	Horses ridden	Falls
7	7	7	2
Trials	Jumpsouts	Gallops	Gallops
Races			
Other eg. gym/run			
Friday	Saturday	Sunday	Falls
Falls	Horses ridden	Horses ridden	Falls
7	2	3	4
Trials	Jumpsouts	Gallops	Gallops
Races			
Other eg. gym/run			
Sunday	Horses ridden	Falls	Falls
Falls	Horses ridden	Horses ridden	Falls
4	9	6	7
Trials	Jumpsouts	Gallops	Gallops
Races			
Other eg. gym/run			

Date: 20/11/2024

Name: Jim Chung

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TE KŪNENGĀ RI PDEHURUA

## My Food Diary

Date: 23/12/24

Name: Jim Chang

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Monday	
Breakfast	Biscuit, Black belly, Milk, Egg x1
Lunch	Biscuit, Lamb Ribs, Milk, Cheese, Milk Tea
Snack	Biscuits x4
Dinner	Milk n Cheese, Biscuit
Snack	Crisps and x1
Lunch	Biscuit, Lamb Ribs, Milk, Cheese, Milk
Snack	Biscuits x4
Breakfast	Biscuit, Black belly, Milk, Egg x1
Tuesday	
Breakfast	Biscuit, Black belly, Milk, Egg x1
Lunch	Biscuit, Lamb Ribs, Milk, Cheese, Milk
Snack	Biscuits x4
Dinner	Milk n Cheese, Biscuit
Snack	Crisps and x1
Lunch	Biscuit, Lamb Ribs, Milk, Cheese, Milk
Snack	Biscuits x4
Breakfast	Biscuit, Black belly, Milk, Egg x1
Wednesday	
Breakfast	Biscuit, Black belly, Milk, Egg x1
Lunch	Biscuit, Lamb Ribs, Milk, Cheese, Milk
Snack	Biscuits x3
Dinner	Pie, Iced Chocolate with Cream
Snack	Biscuits x3
Lunch	Seafood Chawder, Rice, Milk Tea
Snack	Biscuits x2
Dinner	Black belly, Rice, Biscuit
Snack	Chocolate 20g
Lunch	Seafood Chawder, Rice, Milk Tea
Snack	Biscuits x3
Breakfast	Biscuit, Black belly, Milk, Egg x1
Thursday	
Breakfast	Biscuit, Black belly, Milk, Egg x1
Lunch	Seafood Chawder, Rice, Milk
Snack	Biscuits x3
Dinner	Rice, Lamb Ribs, Biscuit
Snack	Chocolate 30g
Lunch	Biscuit, Milk n Cheese, Milk
Snack	Biscuits x3
Dinner	Rice, Lamb Ribs, Biscuit
Snack	Chocolate 30g
Lunch	Seafood Chawder, Rice, Milk
Snack	Biscuits x3
Breakfast	Biscuit, Black belly, Milk, Egg x1
Friday	
Breakfast	Biscuit, Eggs x2, Milk Tea
Lunch	Soft Pita, Bacon Salad, Milk Tea
Snack	Biscuits x2, Chocolate 20g
Dinner	Salad, Milk Tea
Snack	Nuts 30g, Chocolate 50g
Dinner	Chicken Cheese Tast, Decaf Cappuccino
Snack	Beef, Biscuits x5
Lunch	Beef, Lamb Ribs, Rennet 20g
Snack	Beef, x3, Potato chips 140g
Saturday	
Breakfast	Biscuit, Black belly, Milk, Egg x1
Lunch	Asian Cheese Sandwich
Snack	Guinness 150g
Dinner	Mandarin x1
Snack	Biscuits x2
Lunch	Soft Pita, Bacon Salad, Milk Tea
Snack	Biscuits x2, Chocolate 50g
Dinner	Salad, Milk Tea
Snack	Nuts 30g, Chocolate 50g
Dinner	Chicken Cheese Tast, Decaf Cappuccino
Snack	Beef, Biscuits x5
Sunday	
Breakfast	Biscuit, Black belly, Egg x1
Lunch	Beef, Lamb Ribs, Rennet 20g
Snack	Guinness 150g
Dinner	Mandarin x1
Snack	Biscuits x2
Lunch	Soft Pita, Bacon Salad, Milk Tea
Snack	Biscuits x2, Chocolate 50g
Dinner	Salad, Milk Tea
Snack	Nuts 30g, Chocolate 50g
Dinner	Chicken Cheese Tast, Decaf Cappuccino
Snack	Beef, Biscuits x5
Lunch	Beef, Lamb Ribs, Rennet 20g
Snack	Guinness 150g
Dinner	Mandarin x1
Snack	Biscuits x2
Lunch	Soft Pita, Bacon Salad, Milk Tea
Snack	Biscuits x2, Chocolate 50g
Dinner	Salad, Milk Tea
Snack	Nuts 30g, Chocolate 50g
Dinner	Chicken Cheese Tast, Decaf Cappuccino
Snack	Beef, Biscuits x5



## Sleep Diary: Morning

Name: Jim Chung  
Date: 20/10/2024

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Last night, I went to bed at:						
9:30 AM/PM	8:30 AM/PM	8:45 AM/PM	7:45 AM/PM	8 AM/PM	11:45 AM/PM	10:45 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	5:30 AM/PM	7 AM/PM
Last night, it took me about _____ mins to fall asleep:						
10 mins	10 mins	30 mins	30 mins	10 mins	5 mins	5 mins
I felt the quality of my sleep was:						
Eg. Very good (VG), Good (G), Average (A), Bad, (B), Very Bad (VB)						
VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB
This morning I feel:						
Eg. Refreshed (Ref), Tired (Tir), Groggy (Grog), Alert (Al)						
Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al
My sleep was made more difficult by:						
Eg. Temperature, noise, dreams, thoughts, not feeling tired, discomfort						
/ 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:	<input checked="" type="checkbox"/> # of drinks	<input checked="" type="checkbox"/> # of drinks	<input type="checkbox"/> # of drinks	<input type="checkbox"/> # of drinks	<input type="checkbox"/> # of drinks	<input checked="" type="checkbox"/> # of drinks	<input checked="" type="checkbox"/> # 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:	/	/	/	/	/	/	/
Meds or drugs I used today:	/	/	/	/	/	/	/
Throughout the day, I felt drowsy:	<input checked="" type="checkbox"/> Never	<input checked="" type="checkbox"/> Sometimes	<input checked="" type="checkbox"/> Very often	<input checked="" type="checkbox"/> Never	<input checked="" type="checkbox"/> Sometimes	<input checked="" type="checkbox"/> Very often	<input checked="" type="checkbox"/> Never
Never	Sometimes	Very often	Never	Sometimes	Very often	Never	Sometimes
Sometimes	Very often	Never	Sometimes	Very often	Never	Sometimes	Very often
Very often	Never	Sometimes	Very often	Never	Sometimes	Very often	Never
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	Reading on phone	Reading on phone	Phone	Phone	Phone	Phone

Fitness focus:



Circle areas affected in falls:

My Riding Diary			
Mondays	Tuesdays	Wednesdays	Thursdays
Falls	Falls	Falls	Falls
Gallops	4	3	3
Jumps/outs			
Trials	4		
Races			
Other eg. gym/run	gym +	gym +	gym +
Fridays	Saturdays	Sundays	
Falls	Falls	Horses ridden	Horses ridden
Gallops	2	2	2
Jumps/outs			
Trials			
Races			
Other eg. gym/run	gym	gym	gym
Sundays	Horses ridden	Falls	
Gallops	2	2	2
Jumps/outs			
Trials			
Races			
Other eg. gym/run	gym	gym	gym



Notes:	

Snack	
Dinner	Burgers
Snack	Milk mix.
Lunch	
Snack	
Breakfast	pancakes.
Sunday	

Saturday	
Snack	steak w/ salad & chips
Lunch	homemade.
Snack	cheese & bacon soup
Breakfast	cheese & bacon soup

Snack	milk
Dinner	quesadilla tacos
Snack	fruit
Lunch	scrambled eggs
Snack	
Breakfast	yogurt
Friday	

Thursday	
Snack	rice waffles (cheese & meat)
Lunch	fruit
Snack	cheese + bacon
Breakfast	scrambled egg & veg

Snack	
Dinner	omelette
Snack	
Lunch	cheese soup
Snack	
Breakfast	eggs w/ peanut butter
Wednesday	

Tuesday	
Snack	nut mix
Lunch	
Snack	cheese sticks
Breakfast	yogurt

Snack	milk
Dinner	double chocolate w/ beans + chips
Snack	Milk mix
Lunch	
Snack	
Breakfast	eggs w/ peanut butter
Monday	

## My Food Diary

Date:

Name:

Name:

UNIVERSITY OF NEW ZEALAND

TE KŪNENGĀ KI PŪRHEURŌA





## Sleep Diary: Morning

Name: \_\_\_\_\_

Date: \_\_\_\_\_

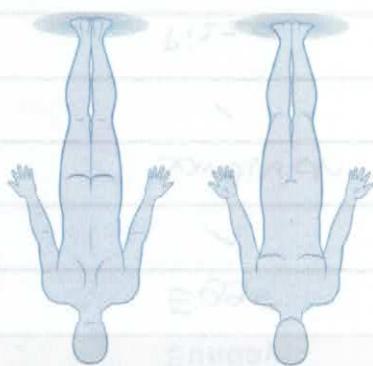
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Last night, I went to bed at:						
9:00 AM/PM	9:00 AM/PM	9:30 AM/PM	9:00 AM/PM	10:30 AM/PM	11:30 AM/PM	9:00 AM/PM
This morning, I woke up at:						
3:40 AM/PM	3:40 AM/PM	3:40 AM/PM	3:40 AM/PM	3:40 AM/PM	3:40 AM/PM	6:15 AM/PM
Last night, it took me about ____ mins to fall asleep:						
10 mins	10 mins	15 mins	15 mins	5 mins	5 mins	10 mins
I felt the quality of my sleep was:						
Eg. Very good (VG), Good (G), Average (A), Bad, (B), Very Bad (VB)						
VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB
This morning I feel:						
Eg. Refreshed (Ref), Tired (Tir), Groggy (Grog), Alert (Al)						
Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al
My sleep was made more difficult by:						
Eg. Temperature, noise, dreams, thoughts, not feeling tired, discomfort						
Tempo	—	Tempo	—	Tempo	—	not feeling tired.
During the night, I woke up ____ times:						
/ times	/ times	/ times	3 times	/ times	2 times	/ times



## Sleep Diary: Night

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
I took a nap: <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No
I had caffeine: <input checked="" type="checkbox"/> # of drinks	<input checked="" type="checkbox"/> # of drinks	<input checked="" type="checkbox"/> # of drinks	<input checked="" type="checkbox"/> # of drinks	<input checked="" type="checkbox"/> # of drinks	<input checked="" type="checkbox"/> # of drinks	<input checked="" type="checkbox"/> # of drinks
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:						
60 Mins/hrs	60 Mins/hrs	60 Mins/hrs	60 Mins/hrs	60 Mins/hrs	60 Mins/hrs	60 Mins/hrs
Medications or drugs I used today: <i>pencocet</i>					<i>pencocet</i>	<i>tripteryx</i>
Throughout the day, I felt drowsy: <input checked="" type="checkbox"/> Never	<input checked="" type="checkbox"/> Never	<input checked="" type="checkbox"/> Never	<input checked="" type="checkbox"/> Never	<input checked="" type="checkbox"/> Never	<input checked="" type="checkbox"/> Never	<input checked="" type="checkbox"/> 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)	<input checked="" type="checkbox"/> Pos / <input type="checkbox"/> Neg / <input type="checkbox"/> Neu	<input checked="" type="checkbox"/> Pos / <input type="checkbox"/> Neg / <input type="checkbox"/> Neu	<input checked="" type="checkbox"/> Pos / <input type="checkbox"/> Neg / <input type="checkbox"/> Neu	<input checked="" type="checkbox"/> Pos / <input type="checkbox"/> Neg / <input type="checkbox"/> Neu	<input checked="" type="checkbox"/> Pos / <input type="checkbox"/> Neg / <input type="checkbox"/> Neu	<input checked="" type="checkbox"/> Pos / <input type="checkbox"/> Neg / <input type="checkbox"/> Neu
In the hour before bed, my activities included: Eg. Reading, computer, TV, showering, phone, eating, spending time with partner	<i>phone</i>	<i>phone</i>	<i>phone</i>	<i>TV</i>	<i>TV</i>	<i>phone</i>

Fitness focus:



Circle areas affected in falls:

My Riding Diary			
Mondays	Tuesdays	Wednesdays	Thursdays
Falls	Horses ridden	Horses ridden	Falls
Gallops	8	1	7
Trackwork			
Jumpsouts			
Trials			
Races			
Other eg. gym/run			
Fridays	Saturdays	Sundays	
Falls	Horses ridden	Horses ridden	Falls
Gallops	2	1	6
Trackwork	5		
Jumpsouts			
Trials			
Races			
Other eg. gym/run			
Sundays	Horses ridden	Falls	
Gallops	3		
Trackwork	1		
Jumpsouts			
Trials			
Races			
Other eg. gym/run			

Date: 12.03.25

Name: Lucy Klee

UNIVERSITY OF NEW ZEALAND

TE KŪNENGĀ NI POKERŪHĀOA





<b>Sunday</b>	
Breakfast	Eggs
Snack	Sandwich
Lunch	/
Snack	/
Dinner	Pizza
Snack	/
Notes:	/

<b>Saturday</b>	
Breakfast	/
Snack	/
Lunch	Sandwich
Snack	/
Dinner	Nachos
Snack	/
Notes:	/

<b>Friday</b>	
Breakfast	/
Snack	/
Lunch	Sandwich
Snack	/
Dinner	Pasta
Snack	/
Notes:	/

<b>Thursday</b>	
Breakfast	/
Snack	/
Lunch	Fruit
Snack	/
Dinner	Noodles
Snack	/
Notes:	/

<b>Sunday</b>	
Breakfast	Eggs
Snack	Sandwich
Lunch	/
Snack	/
Dinner	Pizza
Snack	/
Notes:	/

<b>Wednesday</b>	
Breakfast	/
Snack	/
Lunch	Noodles
Snack	/
Dinner	Pizza
Snack	/
Notes:	/

<b>Monday</b>	
Breakfast	/
Snack	/
Lunch	Burger
Snack	/
Dinner	Nachos
Snack	/
Notes:	/



Name: \_\_\_\_\_  
Date: \_\_\_\_\_

## Sleep Diary: Morning

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Last night, I went to bed at:						
9 AM/ <input checked="" type="radio"/> PM	9 AM/ <input checked="" type="radio"/> PM	10 AM/ <input checked="" type="radio"/> PM	9 AM/ <input checked="" type="radio"/> PM	9 AM/ <input checked="" type="radio"/> PM	10:30 AM/ <input checked="" type="radio"/> PM	9 AM/ <input checked="" type="radio"/> PM
This morning, I woke up at:						
4:30 <input checked="" type="radio"/> AM/PM	4:30 <input checked="" type="radio"/> AM/PM	4:30 <input checked="" type="radio"/> AM/PM	4:30 <input checked="" type="radio"/> AM/PM	4:30 <input checked="" type="radio"/> AM/PM	4:30 <input checked="" type="radio"/> AM/PM	8 <input checked="" type="radio"/> 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 / <input checked="" type="radio"/> G / A / B / VB	VG / <input checked="" type="radio"/> G / A / B / VB	VG / <input checked="" type="radio"/> G / A / B / VB	VG / <input checked="" type="radio"/> G / A / B / VB	VG / <input checked="" type="radio"/> G / A / B / VB	VG / <input checked="" type="radio"/> G / A / B / VB
This morning I feel:						
Eg. Refreshed (Ref), Tired (Tir), Groggy (Grog), Alert (Al)	Ref / <input checked="" type="radio"/> Tir / Grog / Al	Ref / <input checked="" type="radio"/> Tir / Grog / Al	Ref / <input checked="" type="radio"/> Tir / Grog / Al	Ref / <input checked="" type="radio"/> Tir / Grog / Al	Ref / <input checked="" type="radio"/> Tir / Grog / Al	Ref / <input checked="" type="radio"/> Tir / Grog / Al
My sleep was made more difficult by:						
Eg. Temperature, noise, dreams, thoughts, not feeling tired, discomfort	None	None	None	None	None	None
During the night, I woke up ____ times:						
\ times	0 times	1 times	0 times	0 times	0 times	0 times

## Sleep Diary: Night

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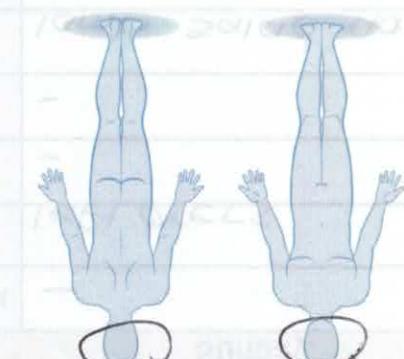
I took a nap:

Yes /  No

I had caffeine:

Yes /  No

Fitness focus:



Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Horses ridden	Falls	
Tracwork	3	1	1	10	4	8	4	Other eg. gym/run
Gallops	3	3	8	3	3	8	4	Races
Jumpsouts	5	6	10	3	5	10	4	Trials
Trials	3	8	3	3	3	8	4	Jumpsouts
Races	6	8	3	3	3	8	4	Gallops
Other eg. gym/run	11	10	10	10	10	10	4	Tracwork

## My Riding Diary

Date: 23.4.25

Name: ELLA KIE

4

UNIVERSITY OF NEW ZEALAND

TE KŪNENGĀ KI PŪREHURUA





### Notes:

### Sunday

Breakfast	Bar
Snack	-
Lunch	-
Snack	-
Dinner	Roast chicken dinner
Snack	-
Lunch	-
Snack	-
Breakfast	Leaves (chicken)

### Saturday

Breakfast	Bar
Snack	-
Lunch	-
Snack	-
Dinner	Roast chicken dinner
Snack	-
Lunch	-
Snack	-
Breakfast	Lasagna

### Friday

Breakfast	Bar
Snack	-
Lunch	Bar & smoothie.
Snack	-
Dinner	Kebabs
Snack	-
Lunch	Bar & smoothie.
Snack	-
Breakfast	Bar

### Wednesday

Breakfast	Bar
Snack	-
Lunch	Bar & smoothie
Snack	-
Dinner	Steak & chips
Snack	-
Lunch	Bar & smoothie
Snack	-
Breakfast	Bar

### Tuesday

Breakfast	-
Snack	-
Lunch	-
Snack	-
Dinner	Lamb salad garlic bread
Snack	-
Lunch	-
Snack	-
Breakfast	Leeks

### Monday



## Sleep Diary: Morning

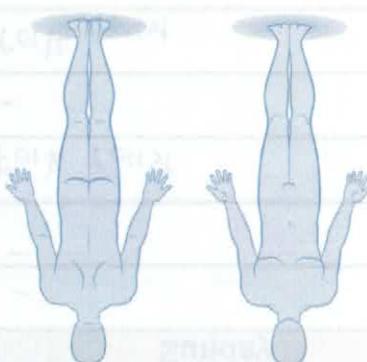
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Last night, I went to bed at:							
8:30 AM/PM	9 AM/PM	8 AM/PM	7:30 AM/PM	1:00 AM/PM	3:00 AM/PM	6:00 AM/PM	
This morning, I woke up at:							
3:030 AM/PM	3:30 AM/PM	3:30 AM/PM	3:30 AM/PM	3:30 AM/PM	11 AM/PM	10 AM/PM	
Last night, it took me about ____ mins to fall asleep:							
10 mins	10 mins	15 mins	10 mins	0 mins	6 mins	0 mins	
I felt the quality of my sleep was:							
Eg. Very good (VG), Good (G), Average (A), Bad, (B), Very Bad (VB)							
VG / 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							
n/a	n/a	n/a	concussed	concussed	concussed	concussed	
During the night, I woke up ____ times:							
0 times	0 times	0 times	0 times	7 times	5 times	4 times	

Name: Frankie  
Date: 23.4.25

## 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:	1 hr	2 hr	1.5 hr	2 hr	0	0
Mins/hrs	Mins/hrs	Mins/hrs	Mins/hrs	Mins/hrs	Mins/hrs	Mins/hrs
Medications or drugs I used today:	Ritalin Sertraline	Lamotrigine Feodarad	Melatonin (everyday)			
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)	<input checked="" type="checkbox"/> Pos / Neu					
In the hour before bed, my activities included:						
Eg. Reading, computer, TV, showering, phone, eating, spending time with partner	BC	BC	BC	BC	n/a	n/a

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

## My Riding Diary

Date: 23/01/

UNIVERSITY OF NEW ZEALAND

TE KŪNENGĀ KI PŪREHURUA



Name: Elvira

CDG

## My Food Diary

Monday      Tuesday      Wednesday      Thursday      Friday      Saturday      Sunday

Date:

Name:

UNIVERSITY OF NEW ZEALAND

TE KŪNENGA KI PIRĒHURUA



Notes:

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**Sunday**

Breakfast	-	-	-	-	-	-
Lunch	Pork roast					
Snack	-	-	-	-	-	-
Dinner	Pork roast					
Snack	-	-	-	-	-	-

Breakfast	-	-	-	-	-	-
Lunch	Rice	Rice	Rice	Rice	Rice	Rice
Snack	-	-	-	-	-	-
Dinner	Fried rice					
Snack	-	-	-	-	-	-

**Friday**

Breakfast	-	-	-	-	-	-
Lunch	Burger	Burger	Burger	Burger	Burger	Burger
Snack	-	-	-	-	-	-
Dinner	Fried rice					
Snack	-	-	-	-	-	-

Breakfast	-	-	-	-	-	-
Lunch	Burger	Burger	Burger	Burger	Burger	Burger
Snack	-	-	-	-	-	-
Dinner	Fried rice					
Snack	-	-	-	-	-	-

**Wednesday**

Breakfast	-	-	-	-	-	-
Lunch	Burger	Burger	Burger	Burger	Burger	Burger
Snack	-	-	-	-	-	-
Dinner	Fried rice					
Snack	-	-	-	-	-	-

Breakfast	-	-	-	-	-	-
Lunch	Pork roast					
Snack	-	-	-	-	-	-
Dinner	Pork roast					
Snack	-	-	-	-	-	-

**Monday**

Breakfast	-	-	-	-	-	-
Lunch	Pork roast					
Snack	-	-	-	-	-	-
Dinner	Pork roast					
Snack	-	-	-	-	-	-

Date:

Name:

UNIVERSITY OF NEW ZEALAND

TE KŪNENGA KI PIRĒHURUA





Name: \_\_\_\_\_  
Date: \_\_\_\_\_

## Sleep Diary: Morning

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Last night, I went to bed at:						
12	12	12	12	12	12	12
This morning, I woke up at:						
5 AM/PM	5 AM/PM	5 AM/PM	5 AM/PM	5 AM/PM	5 AM/PM	7 AM/PM
Last night, it took me about ____ mins to fall asleep:						
10	10	10	10	10	10	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						
not feeling	not feeling	not feeling	not feeling	not feeling	not feeling	not feeling
During the night, I woke up ____ times:						
times	times	times	times	times	times	times

Name: \_\_\_\_\_  
Date: \_\_\_\_\_

## Sleep Diary: Night

	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>	<b>Sunday</b>
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:							
Overall, my mood today was: Eg. Positive (Pos), Negative (Neg), Neutral (Neu)	Never	Never	Never	Never	Never	Never	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							
	Sleep	Dream	Work	Play	Relax	Exercise	Other

### Fitness focus:



Circle areas affected in falls:

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

# My Riding Diary

52/40/3

UNIVERSITY OF NEW ZEALAND

228/

Name: \_\_\_\_\_

THE KUNENGA KI PURHEHURUA





Date:

Name:

**Tuesday**

Veggie w/ peanut butter

Peanut butter

Lollies

Sandwich w/ lean meat

Snickers

Fruit

Sticks + veg

Dinner

Snack

Breakfast

Lunch

Snack

Dinner

Snack



Name: \_\_\_\_\_  
Date: \_\_\_\_\_

## Sleep Diary: Morning

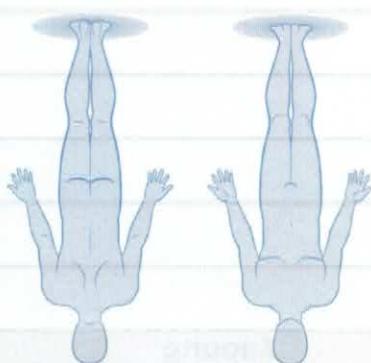
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Last night, I went to bed at:						
9:00 AM/PM	9:30 AM/PM	11:00 AM/PM	9:30 AM/PM	9:30 AM/PM	10:00 AM/PM	8:30 AM/PM
This morning, I woke up at:						
7:00 AM/PM	7:40 AM/PM	7:40 AM/PM	7:40 AM/PM	7:40 AM/PM	7:00 AM/PM	8:30 AM/PM
Last night, it took me about ____ mins to fall asleep:						
5 mins	5 mins	5 mins	5 mins	5 mins	10 mins	5 mins
I felt the quality of my sleep was:						
Eg. Very good (VG), Good (G), Average (A), Bad, (B), Very Bad (VB)						
VG (G) A / B / VB	VG (G) A / B / VB	VG (G) A / B / VB	VG (G) A / B / VB	VG (G) A / B / VB	VG (G) A / B / VB	VG (G) A / B / VB
This morning I feel:						
Eg. Refreshed (Ref), Tired (Tir), Groggy (Grog), Alert (Al)						
Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al
My sleep was made more difficult by:						
Eg. Temperature, noise, dreams, thoughts, not feeling tired, discomfort						
—	—	—	—	—	—	—
During the night, I woke up ____ times:						
2 times	2 times	0 times	/ times	/ times	0 times	0 times

Name: \_\_\_\_\_  
Date: \_\_\_\_\_

## Sleep Diary: Night

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
I took a nap:	Yes <input checked="" type="radio"/> No <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 <input type="radio"/>
I had caffeine:	1 # of drinks	1 # of drinks	2 # of drinks	1 # of drinks	2 # of drinks	1 # of drinks	— # of drinks
Morning	Morning	Morning	Morning	Morning	Morning	Morning	Morning
Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon
Evening	Evening	Evening	Evening	Evening	Evening	Evening	Evening
Today I exercised for _____ minutes:	— Mins/hrs	— Mins/hrs	— Mins/hrs	— Mins/hrs	— Mins/hrs	— Mins/hrs	— Mins/hrs
Medications or drugs I used today:	Panadol " " amca tablets	" "	" "	" "	" "	" "	30 Mins/hrs
Throughout the day, I felt drowsy:	Never <input checked="" type="radio"/>	Never <input checked="" type="radio"/>	Never <input checked="" type="radio"/>	Never <input checked="" type="radio"/>	Never <input checked="" type="radio"/>	Never <input checked="" type="radio"/>	Never <input checked="" type="radio"/>
Never	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	Very often <input checked="" type="radio"/>	Very often <input checked="" type="radio"/>	Very often <input checked="" type="radio"/>	Very often <input checked="" type="radio"/>	Very often <input checked="" type="radio"/>	Very often <input checked="" type="radio"/>	Very often <input checked="" type="radio"/>
Very often	Overall, my mood today was: Eg. Positive (Pos), Negative (Neg), Neutral (Neu)						
Pos / Neg / Neu	Pos <input checked="" type="radio"/> Neg <input type="radio"/> Neu	Pos / Neg / Neu	Pos / Neg / Neu	Pos / Neg / Neu	Pos / Neg / Neu	Pos / Neg / Neu	Pos / Neg / Neu
In the hour before bed, my activities included: Eg. Reading, computer, TV, showering, phone, eating, spending time with partner	phone	phone	phone	phone	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
Trackwork	10	11	Gallops	—	—	Gallops	3	—	Trackwork	12	—	Gallops	4	—	Trackwork	—	—	Trials	—	Races
Jumpsouts	—	—	Gallops	—	—	Jumpsouts	—	—	Trackwork	—	—	Gallops	—	—	Trackwork	—	—	Trials	—	Races
Trials	—	—	Trials	—	—	Trials	—	—	Races	—	—	Trials	—	—	Races	—	—	Other eg. gym/run	—	—
Jumpsouts	—	—	Jumpsouts	—	—	Jumpsouts	—	—	Other eg. gym/run	—	—	Jumpsouts	—	—	Other eg. gym/run	—	—	Other eg. gym/run	—	—
Trials	—	—	Trials	—	—	Trials	—	—	Races	—	—	Trials	—	—	Races	—	—	Trials	—	—
Gallops	—	—	Gallops	—	—	Gallops	—	—	Trackwork	—	—	Gallops	—	—	Trackwork	—	—	Trials	—	—
Trackwork	—	—	Trackwork	—	—	Trackwork	—	—	Races	—	—	Trackwork	—	—	Races	—	—	Other eg. gym/run	—	—
Trials	—	—																		
Jumpsouts	—	—																		
Trials	—	—																		
Gallops	—	—																		
Trackwork	—	—																		
Races	—	—																		
Other eg. gym/run	—	—																		

## My Riding Diary

Date: 23/04/25  
Name: Jefchak Muddha

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TE KŪNENGĀ KI PŪREHURUA



MASSEY UNIVERSITY



**Notes:**

Breakfast	
Snack	
Lunch	
Snack	
Dinner	
Snack	
Breakfast	
Snack	

### Sunday

Breakfast	
Snack	
Lunch	
Snack	
Dinner	
Snack	
Breakfast	
Notes:	

Breakfast	
Snack	
Lunch	
Snack	
Dinner	
Snack	
Breakfast	
Snack	

### Friday

Breakfast	
Snack	
Lunch	
Snack	
Dinner	
Snack	
Breakfast	
Notes:	

Breakfast	
Snack	
Lunch	
Snack	
Dinner	
Snack	
Breakfast	
Snack	

### Wednesday

Breakfast	
Snack	
Lunch	
Snack	
Dinner	
Snack	
Breakfast	
Notes:	

Breakfast	
Snack	
Lunch	
Snack	
Dinner	
Snack	
Breakfast	
Snack	

### Tuesday



## Sleep Diary: Morning

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

Last night, I went to bed at:

| AM/PM |
-------	-------	-------	-------	-------	-------	-------

This morning, I woke up at:

| AM/PM |
-------	-------	-------	-------	-------	-------	-------

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

| mins |
------	------	------	------	------	------	------

I felt the quality of my sleep was:

Eg. Very good (VG), Good (G), Average (A), Bad, (B), Very Bad (VB)

VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB
---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------

This morning I feel:

Eg. Refreshed (Ref), Tired (Tir), Groggy (Grog), Alert (Al)

Ref / Tir / Grog / Al						
-----------------------	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------

My sleep was made more difficult by:

Eg. Temperature, noise, dreams, thoughts, not feeling tired, discomfort

times						
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During the night, I woke up \_\_\_\_ times:

times						
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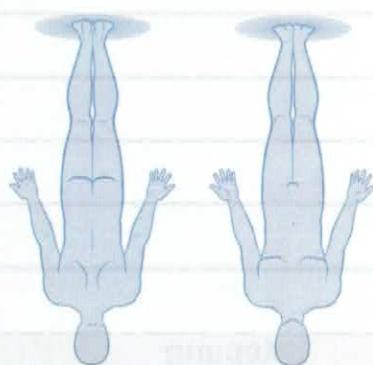


Name: \_\_\_\_\_  
Date: \_\_\_\_\_

## Sleep Diary: Night

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



Circle areas affected in falls:

My Riding Diary			
Mondays	Tuesdays	Wednesdays	Thursdays
Falls	Horses ridden	Horses ridden	Horses ridden
Trackwork	10	10	10
Gallops			
Jumpsouts			
Trials			
Races			
Other eg. gym/run			
Fridays	Saturdays	Sundays	
Falls	Horses ridden	Horses ridden	Circles affected in falls:
Trackwork	10	10	
Gallops			
Jumpsouts			
Trials			
Races			
Other eg. gym/run			
Sundays	Horses ridden	Falls	
Trackwork	10	10	
Gallops			
Jumpsouts			
Trials			
Races			
Other eg. gym/run			

Date: 23/4/25

Name: Lenny

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TE KŪNENGĀ KI PĒREHURUA





# My Food Diary

Date: \_\_\_\_\_

Name: \_\_\_\_\_

UNIVERSITY OF NEW ZEALAND

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## Sleep Diary: Morning

Name: \_\_\_\_\_  
Date: \_\_\_\_\_

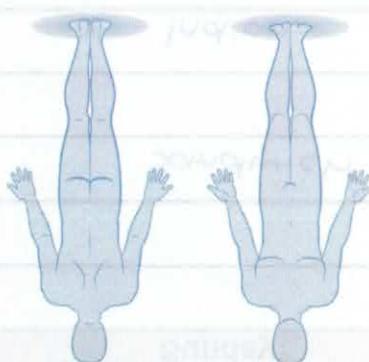
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM
Last night, I went to bed at:						
This morning, I woke up at:						
Last night, it took me about ____ mins to fall asleep:						
mins	mins	mins	mins	mins	mins	mins
I felt the quality of my sleep was: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



## Sleep Diary: Night

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
I took a nap: Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
I had caffeine:						
# of drinks	# of drinks	# of drinks	# of drinks	# of drinks	# of drinks	# of drinks
Morning	Morning	Morning	Morning	Morning	Morning	Morning
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:



#### Circle areas affected in falls:

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

# My Riding Diary

Date: \_\_\_\_\_

Name: Lucy



Notes:	
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Breakfast	Sunday
Snack	Snack
Lunch	Sandwich
Snack	Snack
Dinner	Indian
Snack	Snack

Saturday	
Breakfast	Saturday
Snack	Chicken
Lunch	Wrap
Snack	Snack
Dinner	Spring rolls
Snack	Snack
Breakfast	Snack

Breakfast	Friday
Snack	Snack
Lunch	Wrap
Snack	Snack
Dinner	Spring rolls
Snack	Snack
Breakfast	Snack

Thursday	
Breakfast	Thursday
Snack	Steak
Dinner	Indian
Snack	Snack
Lunch	Sandwich
Snack	Snack
Breakfast	Burger

Breakfast	Wednesday
Snack	Snack
Dinner	Indian
Snack	Snack
Lunch	Burger
Snack	Snack
Dinner	Steak
Snack	Snack
Breakfast	Snack

Tuesday	
Breakfast	Tuesday
Snack	Steak
Dinner	Burger
Snack	Snack
Lunch	Sandwich
Snack	Snack
Breakfast	Snack

Breakfast	Monday
Snack	Snack
Lunch	Sandwich
Snack	Snack
Dinner	Steak
Snack	Snack
Breakfast	Snack



## Sleep Diary: Morning

Name: \_\_\_\_\_  
Date: \_\_\_\_\_

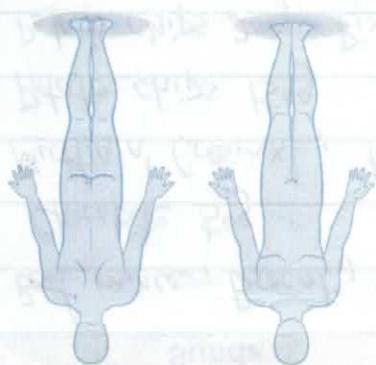
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Last night, I went to bed at:						
9 AM/PM	9 AM/PM	9 AM/PM	9 AM/PM	9 AM/PM	10 AM/PM	9 AM/PM
This morning, I woke up at:						
4:30 AM/PM	4:30 AM/PM	4:30 AM/PM	4:30 AM/PM	4:30 AM/PM	4:30 AM/PM	7 AM/PM
Last night, it took me about ____ mins to fall asleep:						
5 mins	5 mins	5 mins	5 mins	5 mins	5 mins	5 mins
I felt the quality of my sleep was:						
Eg. Very good (VG), Good (G), Average (A), Bad, (B), Very Bad (VB)						
VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB
This morning I feel:						
Eg. Refreshed (Ref), Tired (Tir), Groggy (Grog), Alert (Al)						
Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al
My sleep was made more difficult by:						
Eg. Temperature, noise, dreams, thoughts, not feeling tired, discomfort						
During the night, I woke up ____ times:						
0 times	0 times	0 times	0 times	0 times	0 times	0 times

Name: \_\_\_\_\_  
Date: \_\_\_\_\_

## Sleep Diary: Night

	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>	<b>Sunday</b>
I took a nap:	Yes <input checked="" type="radio"/>	Yes <input type="radio"/>	Yes / <input checked="" type="radio"/>	Yes / <input type="radio"/>	Yes / <input checked="" type="radio"/>	Yes / <input type="radio"/>	Yes / <input checked="" type="radio"/>
I had caffeine:	<input checked="" type="radio"/> # of drinks	<input type="radio"/> # of drinks	<input checked="" type="radio"/> # of drinks	<input type="radio"/> # of drinks	<input checked="" type="radio"/> # of drinks	<input type="radio"/> # of drinks	<input checked="" 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:	1 Mins/hr <sup>s</sup>	1 Mins/hr <sup>s</sup>	1 Mins/hr <sup>s</sup>	1 Mins/hr <sup>s</sup>	1 Mins/hr <sup>s</sup>	1 Mins/hr <sup>s</sup>	1 Mins/hr <sup>s</sup>
Medications or drugs I used today:	<i>(Handwritten note: No medications)</i>						
Throughout the day, I felt drowsy:	Never <input checked="" type="radio"/>	Never <input type="radio"/>	Never <input checked="" type="radio"/>	Never <input type="radio"/>	Never <input checked="" type="radio"/>	Never <input type="radio"/>	Never <input checked="" type="radio"/>
Never	Sometimes	Sometimes	Sometimes	Sometimes	Sometimes	Sometimes	Sometimes
Sometimes	Sometimes	Sometimes	Sometimes	Sometimes	Sometimes	Sometimes	Sometimes
Very often	Very often	Very often	Very often	Very often	Very often	Very often	Very often
Overall, my mood today was:							
Eg. Positive (Pos), Negative (Neg), Neutral (Neu)	Pos / Neg / Neu	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	Reading	Showering	Phone	Food/Eating	Time with partner

Fitness focus:



Circle areas affected in falls:

My Riding Diary			
Mondays	Tuesdays	Wednesdays	Thursdays
Falls	Horses ridden	Horses ridden	Falls
Trackwork	5	6	6
Gallops	2	1	1
Jumpsouts	9		
Trials			
Races			
Other eg. gym/run			
Fridays	Saturdays	Sundays	Falls
Trackwork	6	6	1
Gallops			
Jumpsouts			
Trials			
Races			
Other eg. gym/run			
Sundays	Horses ridden	Falls	Falls
Trackwork	1		
Gallops			
Jumpsouts			
Trials			
Races			
Other eg. gym/run			

Date: 20/3/2023

Name: Jim Chung

UNIVERSITY OF NEW ZEALAND

TE KŪNENGA KI PĀRHEURUA





Notes:		
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Snack	Beef x3
Dinner	Potato chips 200g, Pita chips 100g
Snack	Potato chips 150g
Lunch	Muffin, Creamx1, Fried Eggs x2
Snack	Choclate 50g
Breakfast	Beef mince, Bacon, Rice
Sunday	

Saturday		
Breakfast	Beef mince, Bacon, Rice	
Snack	Choclate 50g	
Lunch	Eggs x2, Bacon, Rice	
Snack	Choclate Sandwhich, Decaf Iced Latte	
Dinner	Beef mince, Bacon, Rice	
Snack	Bacon x1	
Breakfast	Beef mince, Bacon, Rice	
Friday		

Snack	Beef x1
Dinner	Beef mince, Bacon, Rice
Snack	Eggs x2, Bacon, Rice
Lunch	Eggs x2, Bacon, Rice
Snack	Choclate Sandwhich, Decaf Iced Latte
Dinner	Beef mince, Bacon, Rice
Snack	Bacon x1
Breakfast	Beef mince, Bacon, Rice
Thursday	

Thursday		
Breakfast	Beef mince, Bacon, Rice	
Snack	Lollies 30g	
Lunch	Eggs x2, Bacon, Rice	
Snack	Protein bar x4	
Dinner	Beef mince, Bacon, Rice	
Snack	Choclate 50g	
Breakfast	Rice and fish	
Wednesday		

Snack	Choclate 50g
Dinner	Powerade 500ml
Snack	Banana x2, Cookies x4
Lunch	Eggs x2, Bacon, Rice
Snack	Protein bar x4
Dinner	Beef mince, Bacon, Rice
Snack	Choclate 50g
Breakfast	Rice and fish
Tuesday	

Tuesday		
Breakfast	Choclate Burger, Laffie	
Snack	Choclate Sandwich, Muffin, Tea with Honey	
Lunch	Beef mince, Rice	
Snack	Pasta 200g	
Dinner	Fish, Bacon, Rice	
Snack	Beef mince, Rice and Fish	
Breakfast	Hat chocolate, Beef mince, Rice	
Monday		

## My Food Diary

Date: 20/3/2025

Name: Jim Chung

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TE KŪNENGA KI PIRHEURUA





**MASSEY**  
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TE KUNENGĀ KI PŪREHŪROA

UNIVERSITY OF NEW ZEALAND

## Sleep Diary: Morning

Name: Tim Chung  
Date: 20/3/2025

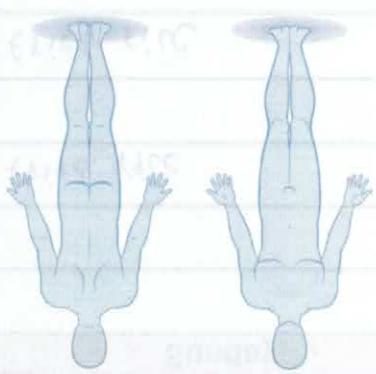
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Last night, I went to bed at:						
8 AM/PM	7:30 AM/PM	7:30 AM/PM	9 AM/PM	9:30 AM/PM	8:00 AM/PM	9 AM/PM
This morning, I woke up at:						
5:30 AM/PM	4 AM/PM	4 AM/PM	4 AM/PM	4 AM/PM	4 AM/PM	5 AM/PM
Last night, I slept for:						
9.5 hrs	8.5 hrs	8.5 hrs	7 hrs	6.5 hrs	8 hrs	8 hrs
Last night, it took me about ____ mins to fall asleep:						
10 mins	20 mins	15 mins	10 mins	10 mins	20 mins	20 mins
I felt the quality of my sleep was:						
VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB
My sleep was made more difficult by:						
Eg. Temperature, noise, dreams, thoughts, not feeling tired, discomfort						
During the night, I woke up ____ times:						
1 times	1 times	1 times	1 times	1 times	1 times	1 times

Name: Jim Chung  
Date: 25/3/2025

## Sleep Diary: Night

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

Fitness focus:



Circle areas affected in falls:

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

# My Riding Diary

Date: \_\_\_\_\_

Name: Chony



## Mondays

### Wednesday

### Saturday

### Notes:

## Tuesdays

### Wednesday

### Saturday

### Notes:

## Wednesday

### Wednesday

### Saturday

### Notes:

## Fridays

### Saturday

### Saturday

### Notes:

## Sundays

### Sunday

### Sunday

### Notes:

## CD



## Sleep Diary: Morning

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Last night, I went to bed at:						
11 AM/PM	11 AM/PM	11 AM/PM	11 AM/PM	11 AM/PM	11 AM/PM	6 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	12 AM/PM
Last night, it took me about ____ mins to fall asleep:						
10 mins	10 mins	10 mins	10 mins	10 mins	10 mins	5 mins
I felt the quality of my sleep was:						
Eg. Very good (VG), Good (G), Average (A), Bad, (B), Very Bad (VB)						
VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB
This morning I feel:						
Eg. Refreshed (Ref), Tired (Tir), Groggy (Grog), Alert (Al)						
Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al
My sleep was made more difficult by:						
Eg. Temperature, noise, dreams, thoughts, not feeling tired, discomfort						
During the night, I woke up _____ times:						
times	times	times	times	times	times	times

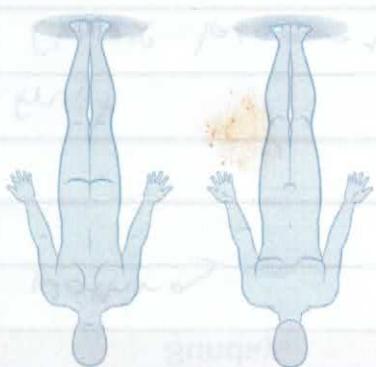


Name: \_\_\_\_\_  
Date: \_\_\_\_\_

## Sleep Diary: Night

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
I took a nap:	Yes / No						
I had caffeine:							
# 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:							
EDO	EDO	EDO	EDO	EDO	EDO	EDO	EDO
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							

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
12	0	0	12	0	0	10	0	0	10	0	0	10	0	0	4	4	4	Other eg. gym/run
10	0	0	10	0	0	12	0	0	10	0	0	10	0	0	6	6	6	Races
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Trials
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Jumps/outs
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Gallops
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Trackwork
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Other eg. gym/run

## My Riding Diary

Date: 11/06/25

Name: Annelie

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TE KŪNENGĀ RI PUKEHŪROA



Monday	
Breakfast	TOAST
Snack	MUSI bar
Lunch	Pie
Snack	MUSI bar
Breakfast	TOAST + eggs bacon
Tuesday	
Breakfast	MUSI bar
Snack	MUSI bar
Lunch	Pie
Snack	MUSI bar
Breakfast	TOAST + eggs bacon
Wednesday	
Breakfast	TOAST + eggs bacon
Snack	MUSI bar
Lunch	Rice cake
Snack	MUSI bar
Breakfast	TOAST + eggs bacon
Thursday	
Breakfast	TOAST + eggs bacon
Snack	MUSI bar
Lunch	Rice cake
Snack	MUSI bar
Breakfast	TOAST + eggs bacon
Friday	
Breakfast	TOAST
Snack	MUSI bar
Lunch	Rice cake
Snack	MUSI bar
Breakfast	TOAST + eggs bacon
Saturday	
Breakfast	TOAST + DOLWING
Snack	Fruit
Lunch	
Snack	
Breakfast	TOAST + DOLWING
Sunday	
Breakfast	DOLWING
Snack	Fruit
Lunch	
Snack	
Dinner	Plated Pork chops
Snack	MUSI bar
Breakfast	Cold corn beef
Snack	
Dinner	Chinese take away
Snack	
Lunch	
Snack	
Dinner	Chinese take away
Snack	
Breakfast	
Notes:	

Sunday	
Breakfast	DOLWING
Snack	
Dinner	
Snack	
Lunch	
Snack	
Dinner	Plated Pork chops
Snack	MUSI bar
Breakfast	TOAST
Snack	
Dinner	Plated Pork chops
Snack	
Lunch	
Snack	
Dinner	Plated Pork chops
Snack	
Breakfast	Cold corn beef
Snack	
Dinner	Chinese take away
Snack	
Breakfast	
Notes:	



## Sleep Diary: Morning

Name: \_\_\_\_\_  
Date: \_\_\_\_\_

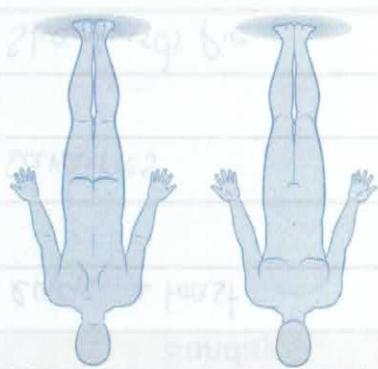
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM
Last night, I went to bed at:						
This morning, I woke up at:						
I felt the quality of my sleep was:						
Eg. Very good (VG), Good (G), Average (A), Bad, (B), Very Bad (VB)						
VG / G / A / B / 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: \_\_\_\_\_  
Date: \_\_\_\_\_

## Sleep Diary: Night

	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>	<b>Sunday</b>
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:							
<del>How many hours did you sleep last night?</del>							
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	Tuesday	Horses ridden	Falls	Saturday	Horses ridden	Falls	Sunday	Horses ridden	Falls
Trackwork	8	7	Gallops	2	5	Trackwork	7	5	Trackwork	5	2
Jumpsouts	3	8	Gallops	2	8	Jumpsouts	5	2	Jumpsouts	2	3
Trials	7	7	Gallops	2	7	Trials	5	2	Trials	2	7
Races	7	7	Gallops	2	7	Races	5	2	Races	2	7
Other eg. gym/run	11/5/25	11/5/25									

## My Riding Diary

Date: 11/5/25

Name: Lysia

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TE KŪNENGA KI PĒREHURAU

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UNIVERSITY

MASSEY



## My Food Diary

Date: \_\_\_\_\_

• 1800000

Monday		
Breakfast	Banana & coffee	
Snack	Muesli Bars & up & go	
Lunch	Sandwich	
Snack	Crackers	
Dinner	Tacos	
Snack	Ice cream	
Tuesday		
Breakfast	Banana & coffee	
Snack	Muesli Bars & up & go	
Lunch	Chicken	
Snack	Biscuits	
Dinner	Spaghetti	
Snack	Ice cream	
Wednesday		
Breakfast	Banana & coffee	
Snack	Muesli bars & crackers	
Lunch	Sausages	
Snack	Roast chicken & waffles	
Dinner	Roast chicken & waffles	
Snack	Ice cream	
Thursday		
Breakfast	Banana & coffee	
Snack	Muesli bar & coffee	
Lunch	Fooshe	
Snack	Children's salad	
Dinner	Ice cream	
Snack	Ice cream	
Friday		
Breakfast	Banana & coffee	
Snack	Vegetable sticks	
Lunch	Chicken sticks	
Snack	Crackers & cheese	
Dinner	Steak & eggs	
Snack	Ice cream	
Saturday		
Breakfast	Banana & coffee	
Snack	Muesli & coffee	
Lunch	Eggs in toast	
Snack	Granola	
Dinner	KFC	
Snack	Ice cream	
Sunday		
Breakfast	Omelets & hash	
Snack	Scavenger	
Lunch	Shepherd's pie	
Snack	Ice cream	
Dinner	Ice cream	
Snack	Ice cream	
Notes:		



Name: \_\_\_\_\_  
Date: \_\_\_\_\_

## Sleep Diary: Morning

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Last night, I went to bed at:						
9 AM/PM	10 AM/PM	9:10 AM/PM	9:10 AM/PM	9:10 AM/PM	10:15 AM/PM	9 AM/PM
This morning, I woke up at:						
4:50 AM/PM	5:30 AM/PM	5:30 AM/PM	5 AM/PM	5 AM/PM	5 AM/PM	8 AM/PM
Last night, it took me about ____ mins to fall asleep:						
5 mins	5 mins	5 mins	10 mins	10 mins	5 mins	5 mins
I felt the quality of my sleep was: Eg. Very good (VG), Good (G), Average (A), Bad, (B), Very Bad (VB)						
VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB	VG / G / A / B / VB
This morning I feel: Eg. Refreshed (Ref), Tired (Tir), Groggy (Grog), Alert (Al)						
Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al	Ref / Tir / Grog / Al
My sleep was made more difficult by: Eg. Temperature, noise, dreams, thoughts, not feeling tired, discomfort						
		discomfort	cold	cold		
During the night, I woke up ____ times:						
times	times	2 times	2 times	2 times	2 times	times

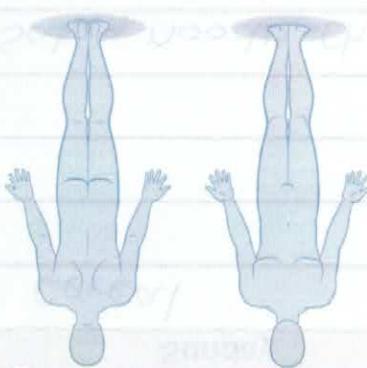


Name: \_\_\_\_\_  
Date: \_\_\_\_\_

## Sleep Diary: Night

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
I took a nap:	Yes / <input checked="" type="radio"/> No						
I had caffeine:							
# of drinks	1	2	1	1	2	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:	30	Mins/hrs	30	Mins/hrs	30	Mins/hrs	30
Medications or drugs I used today:							
Throughout the day, I felt drowsy:							
Never	Never	Never	Never	Never	Never	Never	Never
Sometimes	Sometimes	Sometimes	Sometimes	Sometimes	Sometimes	Sometimes	Sometimes
Very often	Very often	Very often	Very often	Very often	Very often	Very often	Very often
Overall, my mood today was:							
Eg. Positive (Pos), Negative (Neg), Neutral (Neu)							
Pos / Neg / Neu	Pos / Neg / Neu	Pos / Neg / Neu	Pos / Neg / Neu	Pos / Neg / Neu	Pos / Neg / Neu	Pos / Neg / Neu	Pos / Neg / Neu
In the hour before bed, my activities included:							
Eg. Reading, computer, TV, showering, phone, eating, spending time with partner							
TV, 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	Tuesday	Horses ridden	Falls	Wednesday	Horses ridden	Falls	Thursday	Horses ridden	Falls	Friday	Horses ridden	Falls	Sunday	Horses ridden	Falls	Other eg. gym/run	Walks
Trackwork	12	0	Trackwork	12	0	Trackwork	13	0	Trackwork	13	0	Trackwork	13	0	Trails	0	0	Races	0
Gallops	0	0	Jumps/outs	0	0	Trials	0												
Trails	0	0	Races	0	0	Other eg. gym/run	Walk												
Jumps/outs	0	0	Gallops	0	0	Trials	0												
Gallops	0	0	Trails	0	0	Races	0												
Trials	0	0	Jumps/outs	0	0	Other eg. gym/run	Walk												
Races	0	0	Trials	0	0	Trials	0												
Other eg. gym/run	Walk		Other eg. gym/run	Walk		Other eg. gym/run	Walk		Other eg. gym/run	Walk		Other eg. gym/run	Walk		Other eg. gym/run	Walk		Other eg. gym/run	Walk

## My Riding Diary

Date: 11/06/25  
Name: Hannah Wilson

**Notes:**

Monday	
Breakfast	Cereal + Coffee
Snack	Shapes
Lunch	
Snack	Pasta
Dinner	Butter chicken
Snack	
Lunch	
Snack	
Breakfast	Cereal
Tuesday	

Wednesday	
Breakfast	Cereal
Snack	
Lunch	
Snack	Satay shapes
Dinner	Satay chicken
Snack	
Lunch	
Snack	
Breakfast	Cereal
Thursday	

Friday	
Breakfast	Cereal
Snack	
Lunch	
Snack	Apples
Dinner	Pumpkin soup
Snack	
Lunch	
Snack	
Breakfast	Cereal
Saturday	

Sunday	
Breakfast	Cereal
Snack	
Lunch	
Snack	
Dinner	Satay noodle chicken soup
Snack	
Lunch	
Snack	
Breakfast	Cereal



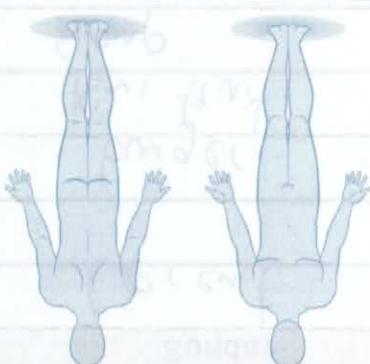
## Sleep Diary: Morning

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	11 AM/PM	9 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	8:30 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						
Cold	Cold	Cold	Cold	Cold	Cold	Cold
During the night, I woke up ____ times:						
○ times	○ times	○ times	○ times	○ times	○ times	○ times

## Sleep Diary: Night

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
I took a nap:	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
I had caffeine:	2 # of drinks	2 # of drinks	2 # of drinks	2 # of drinks	2 # of drinks	2 # of drinks	2 # of drinks
Morning	Morning	Morning	Morning	Morning	Morning	Morning	Morning
Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon
Evening	Evening	Evening	Evening	Evening	Evening	Evening	Evening
Today I exercised for _____ minutes:	4.5 Mins/hrs	4.5 Mins/hrs	4.5 Mins/hrs	4.5 Mins/hrs	4.5 Mins/hrs	4.5 Mins/hrs	4.5 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	Showering, phone, spending time with Partner						

Fitness focus:



Circle areas affected in falls:

## My Riding Diary

Date: \_\_\_\_\_

UNIVERSITY OF NEW ZEALAND

**Notes:**

Breakfast	apple
Snack	apple
Lunch	Kiwi fruit
Snack	Kiwi fruit
Breakfast	apple banana
Snack	apple
Lunch	Kiwi fruit
Snack	apple
Dinner	soup
Snack	soup

**Thursday**

Kiwi fruit

Chicken salad

apple

gruel

**Saturday**

apple banana

soup

snack

kiwi fruit

apple banana

snack

dinner

snack

lunch

snack

breakfast

snack

lunch

snack

dinner

snack

lunch

snack

breakfast

snack

lunch

snack

dinner

snack

**Tuesday****Wednesday****Thursday****Saturday****Friday****Notes:**

Breakfast	apple
Snack	burger
Lunch	banana
Snack	gruel
Breakfast	apple
Snack	gruel
Lunch	kiwi fruit
Snack	gruel
Dinner	chicken
Snack	chicken
Breakfast	apple
Snack	apple
Lunch	kiwi fruit
Snack	apple
Dinner	soup
Snack	soup

**My Food Diary**

Name: \_\_\_\_\_

Date: \_\_\_\_\_



Name: \_\_\_\_\_  
Date: \_\_\_\_\_

## Sleep Diary: Morning

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Last night, I went to bed at:						
10 + AM/PM	10 + AM/PM	10 + AM/PM	10 + AM/PM	10 + AM/PM	10 + AM/PM	10 + AM/PM
This morning, I woke up at:						
5 : 40 AM/PM	5 : 30 AM/PM	5 : 30 AM/PM	5 : 30 AM/PM	5 : 30 AM/PM	5 : 30 AM/PM	5 : 30 AM/PM
Last night, it took me about _____ mins to fall asleep:						
10 mins	10 mins	10 mins	20 mins	10 mins	30 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	3 times	times	1 times

Sleep Diary: Night

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

I had caffeine: Yes / No Yes / No

**Morning**      **# of drinks**      **Morning**      **# of drinks**

Morning	Morning	Morning	Morning	Morning	Morning
Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon
Evening	Evening	Evening	Evening	Evening	Evening
Today I exercised for _____ minutes:					

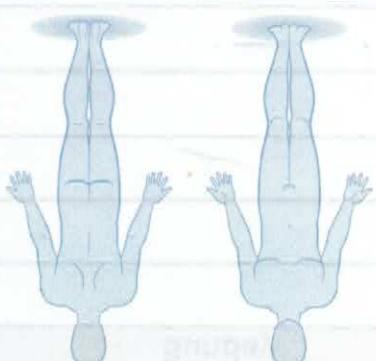
Throughout the day, I felt drowsy:

Never	Never	Never	Never	Never
Sometimes	Sometimes	Sometimes	Sometimes	Sometimes
Very often				
Never	Never	Never	Never	Never
Sometimes	Sometimes	Sometimes	Sometimes	Sometimes
Very often				

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 Partner phone partner phone phone.

### Fitness focus:



Circle areas affected in falls:

Monday	Tuesday	Wednesday	Thursday	Friday
Trackwork	Trackwork	Trackwork	Trackwork	Trackwork
Gallops	Gallops	Gallops	Gallops	Gallops
12	12	12	12	12
Jumpsouts	Jumpsouts	Jumpsouts	Jumpsouts	Jumpsouts
Trials	Trials	Trials	Trials	Trials
Races	Races	Races	Races	Races
Other eg. gym/run				
Falls	Falls	Falls	Falls	Falls
Horses ridden				
Saturday	Saturday	Saturday	Saturday	Saturday

## My Riding Diary

Name: Geoffrey Middlecoff Date: 11/06/85

Date

UNIVERSITY OF NEW ZEALAND





## Monday

Tuesday

Breakfast

Snack

Lunch

Snack

Dinner

Snack

Breakfast

Snack

Lunch

Snack

Dinner

## Sleep Diary: Morning

Name: \_\_\_\_\_  
Date: \_\_\_\_\_

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	8.30 AM/PM	9 AM/PM	8.3 AM/PM
This morning, I woke up at:						
5 AM/PM	— AM/PM	— AM/PM	— AM/PM	— AM/PM	— AM/PM	8 AM/PM
Last night, it took me about ____ mins to fall asleep:						
20 mins	20 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						
Temp.	—	—	—	—	—	—
During the night, I woke up ____ times:						
1 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: <input checked="" type="checkbox"/> Morning Afternoon Evening	<input checked="" type="checkbox"/> Morning Afternoon Evening	<input checked="" type="checkbox"/> Morning Afternoon Evening	<input checked="" type="checkbox"/> Morning Afternoon Evening	<input checked="" type="checkbox"/> Morning Afternoon Evening	<input checked="" type="checkbox"/> Morning Afternoon Evening	<input checked="" type="checkbox"/> Morning Afternoon Evening
Today I exercised for _____ minutes:	<input checked="" type="checkbox"/> 30 Mins/hrs	<input checked="" type="checkbox"/> — Mins/hrs	<input checked="" type="checkbox"/> — Mins/hrs	<input checked="" type="checkbox"/> — Mins/hrs	<input checked="" type="checkbox"/> — Mins/hrs	<input checked="" type="checkbox"/> — Mins/hrs
Medications or drugs I used today:	<input checked="" type="checkbox"/>					
Throughout the day, I felt drowsy:	<input checked="" type="checkbox"/> Never					
	<input checked="" type="checkbox"/> Sometimes					
	<input checked="" type="checkbox"/> Very often					
Overall, my mood today was: Eg. Positive (Pos), Negative (Neg), Neutral (Neu)	<input checked="" type="checkbox"/> Pos / Neg / Neu	<input checked="" type="checkbox"/> Pos / Neg / Neu	<input checked="" type="checkbox"/> Pos / Neg / Neu	<input checked="" type="checkbox"/> Pos / Neg / Neu	<input checked="" type="checkbox"/> Pos / Neg / Neu	<input checked="" type="checkbox"/> Pos / Neg / Neu
In the hour before bed, my activities included: Eg. Reading, computer, TV, showering, phone, eating, spending time with partner	<input checked="" type="checkbox"/> Phone	<input checked="" type="checkbox"/> —				