



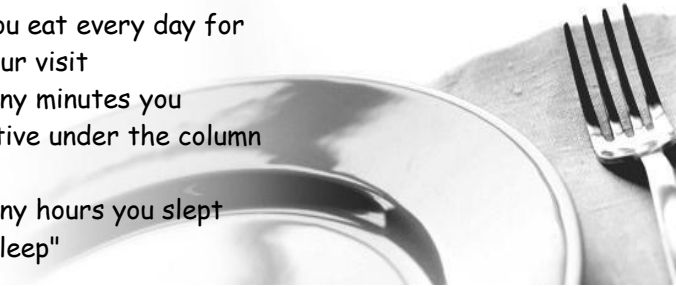
**Pediatric  
Cardiology  
Associates**

an affiliate of **MEDNAX**

# Food, exercise, sleep log

PLEASE BRING THIS WITH TO YOUR APPOINTMENT

Please enter what you eat every day for  
one week prior to your visit  
Please enter how many minutes you  
exercise or were active under the column  
"Exercise"  
Please enter how many hours you slept  
under the column "Sleep"



|           | Breakfast | Lunch | Snacks | Dinner | Exercise | Sleep |
|-----------|-----------|-------|--------|--------|----------|-------|
| Sunday    |           |       |        |        |          |       |
| Monday    |           |       |        |        |          |       |
| Tuesday   |           |       |        |        |          |       |
| Wednesday |           |       |        |        |          |       |
| Thursday  |           |       |        |        |          |       |
| Friday    |           |       |        |        |          |       |
| Saturday  |           |       |        |        |          |       |