GOVERNMENT OF WESTERN AUSTRALIA

West 1

INTEGRATED

Kids Only

Diary

Middle Childhood 4–7

Learning Resource

INTEGRATED1396

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KIDS ONLY - DIARY
ISBN 978-1-74205-480-3

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First published 2009

ISBN 978-1-74205-480-3
SCIS 1435690

Not for NEALS 

Produced by WestOne Services.

Published by and available from

WestOne Services

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Email: sales.westone@dtwd.wa.gov.au
Website: www.westone.wa.gov.au

Contents

Purpose

This diary will help you to record factors of your health and wellbeing. When you record your daily habits, you can think about what you are doing to help your health and, of course, be aware of what is not helping you to be healthy.

The diary provides activities to record your own personal physical profile, daily health and wellbeing.

This is the health and wellbeing diary of

Below is a photo of me.

your photograph here

Daily entries

This part of the diary is organised into days. You will keep daily records for 10 days. The categories of information you will record are physical activity, nutrition, emotions and relationships.

What do you need to record?

Physical activity:

- a description of the activity
- how long you were active (also known as duration)
- how hard you worked (also known as exertion)
- how much you enjoyed the activity.

Nutrition:

- a description of the food and drinks you had in one day
- how much you ate or drank in one day
- the number of serves of each type of food.

Emotions:

- three times in the day when you felt different emotions
- an overall rating of the day.

Relationships:

- a list of who you communicated with and how (talked, emailed, played, listened and helped)
- how you felt after each contact.

General comments:

- any information about your health and wellbeing, such as injuries, sickness, things you would do differently or do again
- additional information, such as if you were wearing a pedometer, the distance you covered and so on.

Emotions

Thinking about the emotions you feel during the day can be difficult. Use this page to help you think about the types of emotions that you may have experienced.


sad


ecstatic


bored


angry


happy


silly


confused


embarrassed


surprised


worried

DAY 1

Physical activity

Description	Duration	Exertion	Enjoyment

Exertion rating – 1: very light, 2: light, 3: moderate, 4: hard, 5: very hard
Enjoyment rating – 1: no enjoyment, 2: some enjoyment, 3: highly enjoyable

Emotions

Event	Emotions

Circle your rating.

Overall my day was

Nutrition

Time	Food/Drink	Amount	Bread	Dairy	Fruit	Veg	Meat	Fluid

Relationships

Who	How	How did you feel?

DAY 2

Physical activity

Description	Duration	Exertion	Enjoyment

Exertion rating – 1: very light, 2: light, 3: moderate, 4: hard, 5: very hard

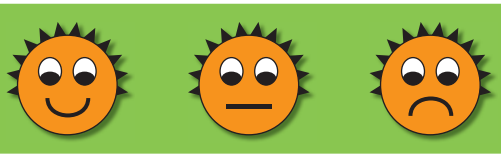
Enjoyment rating – 1: no enjoyment, 2: some enjoyment, 3: highly enjoyable

Emotions

Event	Emotions

Circle your rating.

Overall my day was



Nutrition

Time	Food/Drink	Amount	Bread	Dairy	Fruit	Veg	Meat	Fluid

Relationships

Who	How	How did you feel?

DAY 3

Physical activity

Description	Duration	Exertion	Enjoyment

Exertion rating – 1: very light, 2: light, 3: moderate, 4: hard, 5: very hard

Enjoyment rating – 1: no enjoyment, 2: some enjoyment, 3: highly enjoyable

Emotions

Event	Emotions

Circle your rating.

Overall my day was

Nutrition

Time	Food/Drink	Amount	Bread	Dairy	Fruit	Veg	Meat	Fluid

Relationships

Who	How	How did you feel?

DAY 4

Physical activity

Description	Duration	Exertion	Enjoyment

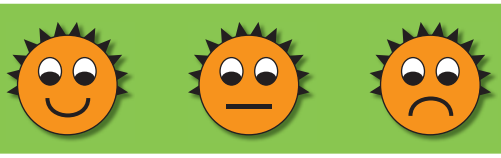
Exertion rating – 1: very light, 2: light, 3: moderate, 4: hard, 5: very hard
Enjoyment rating – 1: no enjoyment, 2: some enjoyment, 3: highly enjoyable

Emotions

Event	Emotions

Circle your rating.

Overall my day was



Nutrition

Time	Food/Drink	Amount	Bread	Dairy	Fruit	Veg	Meat	Fluid

Relationships

Who	How	How did you feel?

DAY 5

Physical activity

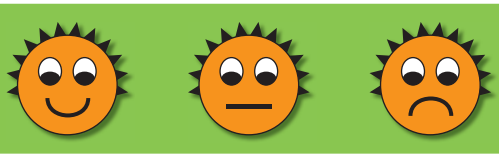
Description	Duration	Exertion	Enjoyment

Exertion rating – 1: very light, 2: light, 3: moderate, 4: hard, 5: very hard
Enjoyment rating – 1: no enjoyment, 2: some enjoyment, 3: highly enjoyable

Emotions

Event	Emotions
	
	
	

Circle your rating.

Overall my day was 

Nutrition

Time	Food/Drink	Amount	Bread	Dairy	Fruit	Veg	Meat	Fluid

Relationships

Who	How	How did you feel?

DAY 6

Physical activity

Description	Duration	Exertion	Enjoyment

Exertion rating – 1: very light, 2: light, 3: moderate, 4: hard, 5: very hard

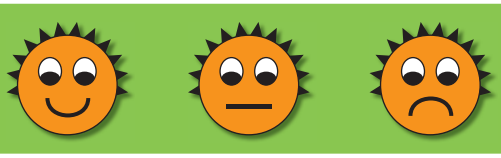
Enjoyment rating – 1: no enjoyment, 2: some enjoyment, 3: highly enjoyable

Emotions

Event	Emotions

Circle your rating.

Overall my day was



Nutrition

Time	Food/Drink	Amount	Bread	Dairy	Fruit	Veg	Meat	Fluid

Relationships

Who	How	How did you feel?

DAY 7

Physical activity

Description	Duration	Exertion	Enjoyment

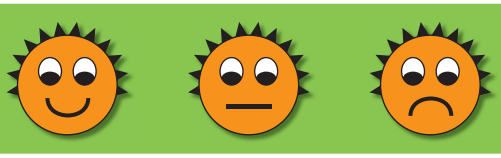
Exertion rating – 1: very light, 2: light, 3: moderate, 4: hard, 5: very hard
Enjoyment rating – 1: no enjoyment, 2: some enjoyment, 3: highly enjoyable

Emotions

Event	Emotions

Circle your rating.

Overall my day was



Nutrition

Time	Food/Drink	Amount	Bread	Dairy	Fruit	Veg	Meat	Fluid

Relationships

Who	How	How did you feel?

DAY 8

Physical activity

Description	Duration	Exertion	Enjoyment

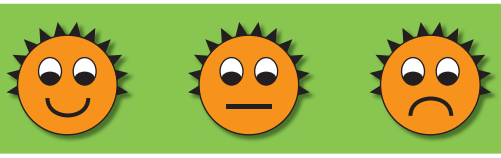
Exertion rating – 1: very light, 2: light, 3: moderate, 4: hard, 5: very hard
Enjoyment rating – 1: no enjoyment, 2: some enjoyment, 3: highly enjoyable

Emotions

Event	Emotions

Circle your rating.

Overall my day was



Nutrition

Time	Food/Drink	Amount	Bread	Dairy	Fruit	Veg	Meat	Fluid

Relationships

Who	How	How did you feel?

DAY 9

Physical activity

Description	Duration	Exertion	Enjoyment

Exertion rating – 1: very light, 2: light, 3: moderate, 4: hard, 5: very hard
Enjoyment rating – 1: no enjoyment, 2: some enjoyment, 3: highly enjoyable

Emotions

Event	Emotions

Circle your rating.

Overall my day was

Nutrition

Time	Food/Drink	Amount	Bread	Dairy	Fruit	Veg	Meat	Fluid

Relationships

Who	How	How did you feel?

DAY 10

Physical activity

Description	Duration	Exertion	Enjoyment

Exertion rating – 1: very light, 2: light, 3: moderate, 4: hard, 5: very hard

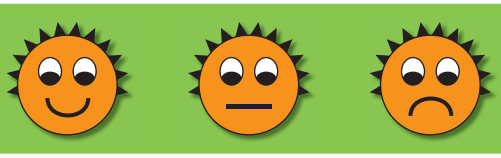
Enjoyment rating – 1: no enjoyment, 2: some enjoyment, 3: highly enjoyable

Emotions

Event	Emotions

Circle your rating.

Overall my day was



Nutrition

Time	Food/Drink	Amount	Bread	Dairy	Fruit	Veg	Meat	Fluid

Relationships

Who	How	How did you feel?

Physical profile

OPTIONAL

Complete this physical profile on day 1 and then again on day 10.

Day 1	Measurement
height	
weight	
BMI	
BMI rating	
waist	
hips	
chest	
right biceps	
left biceps	
right thigh	
left thigh	
right calf	
left calf	
sit and reach	
sit-ups	
push-ups	
resting heart rate	
target heart rate	
maximum heart rate	

Day 10	Measurement
height	
weight	
BMI	
BMI rating	
waist	
hips	
chest	
right biceps	
left biceps	
right thigh	
left thigh	
right calf	
left calf	
sit and reach	
sit-ups	
push-ups	
resting heart rate	
target heart rate	
maximum heart rate	

Self assessment

Now that you have finished your 10-day health and wellbeing diary, complete the assessment below. If you tick 'no' to any of the questions, include a comment to explain why.

Criteria	Yes	No	Comment
Do you exercise at least 30 minutes per day?			
Do you enjoy being active?			
Can you increase your activity level?			
Do you eat a balanced diet?			
Do you allow yourself a treat during the week?			
Do you get enough energy from your diet?			
Do you feel happy most days?			
Do you have time to have fun?			
Do you enjoy communicating with others?			
Do you have enough chances to communicate with people?			
Are all of your relationships good for your health?			
Overall, are you healthy?			

Goals

Look through your assessment and diary and find what you would like to improve or change. Jot your ideas down – these can then become goals for you to achieve.