

## Daily Activity and Nutrition Log

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

### Exercise

CARDIO-VASCULAR	MUSCLE-CONDITIONING	FLEXIBILITY
Time:	Time:	Time:
Intensity:	Intensity:	Intensity:
Type:	Type:	Type:

### Nutrition

Breakfast	Mid-morning	Lunch	Mid-afternoon	Dinner
Time:	Time:	Time:	Time:	Time:
What:	What:	What:	What:	What:
Location/ Environment:	Location/ Environment:	Location/ Environment:	Location/ Environment:	Location/ Environment:
Feelings:	Feelings:	Feelings:	Feelings:	Feelings:

Did you drink 8 glasses of water today?      YES    NO    How many? \_\_\_\_\_

Did you eat 5 vegetable servings today?      YES    NO    How many? \_\_\_\_\_

Did you eat 3 fruit servings today?      YES    NO    How many? \_\_\_\_\_

Did you eat 5 small meals/snacks today?      YES    NO    How many? \_\_\_\_\_

Did you drink any alcohol today?      YES    NO    How much? \_\_\_\_\_

Did you stop eating 2-3 hours before bed?      YES    NO    When? \_\_\_\_\_

Comment on today's mood/energy/psychological state:

\_\_\_\_\_

Today I am grateful for: \_\_\_\_\_

My major accomplishment(s) today were:

\_\_\_\_\_

Were today's goals achieved?      YES    NO

Tomorrow's goal(s) will be: \_\_\_\_\_

## Weekly Synopsis

	Actual	Goal
1. Total cardio-vascular time (minutes)	_____	>100
2. Total number of cardio sessions	_____	5-7
3. Total number of muscle-conditioning workouts	_____	2
4. Average number of glasses of water/day	_____	8
5. Average number of vegetables/day	_____	5
6. Average number of fruits/day	_____	3
7. Number of days five small meals/snacks consumed	_____	7
8. Number of days alcohol was consumed	_____	0-1
9. Number of days stopped eating 3 hours before bed	_____	7

Major accomplishment(s) this week: \_\_\_\_\_

Next week's goal(s): \_\_\_\_\_