

Daily Exercise and Nutrition Log

Date: _____

Weekly Synopsis

1. Exercise

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

2. Nutrition

Breakfast	Mid-morning snack	Lunch	Mid-afternoon snack	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 Many?
Did you stop eating 2-3 hours before bed?	YES NO	When?

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

3. Today I am grateful for:

4. My major accomplishment(s) today were:

5. Were today's goals achieved? YES NO
Tomorrow's goal(s) will be:

Weekly Synopsis

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

Major accomplishment(s) this week:

Next week's goal(s):