

Daily Activity and Nutrition Log

Date: _____

1. Exercise

CARDIO-VASCULAR	MUSCLE-CONDITIONING	FLEXIBILITY
Time:	Time:	
Intensity:	Intensity:	
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 much?_____

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

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

4. Today I am grateful for: _____

5. My major accomplishment(s) today were:

6. Were today's goals achieved? YES NO

7. Tomorrow's goal(s) will be: _____



Activity

and Nutrition Log

Weekly Synopsis

“Changing Lives”
One Step at a Time

	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): _____

WEEKLY SYNOPSIS