

Daily Activity and Nutrition Log

Name: _____ Date: _____

Exercise:

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

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:
Estimated calories:	Estimated calories:	Estimated calories:	Estimated calories:	Estimated calories:

Estimated Total Daily Calories: _____

- Did you drink 10 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: _____

Looking Good,
Feeling Great &
Living Life to the Fullest!

ACTIVITY & NUTRITION LOG

Daily Activity and Nutrition Log

Name: _____ Date: _____

Exercise:

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

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:
Estimated calories:	Estimated calories:	Estimated calories:	Estimated calories:	Estimated calories:

Estimated Total Daily Calories: _____

- Did you drink 10 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: _____

Looking Good,
Feeling Great &
Living Life to the Fullest!

ACTIVITY & NUTRITION LOG

Daily Activity and Nutrition Log

Name: _____ Date: _____

Exercise:

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

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:
Estimated calories:	Estimated calories:	Estimated calories:	Estimated calories:	Estimated calories:

Estimated Total Daily Calories: _____

- Did you drink 10 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: _____

Looking Good,
Feeling Great &
Living Life to the Fullest!

ACTIVITY & NUTRITION LOG

Daily Activity and Nutrition Log

Name: _____ Date: _____

Exercise:

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

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:
Estimated calories:	Estimated calories:	Estimated calories:	Estimated calories:	Estimated calories:

Estimated Total Daily Calories: _____

- Did you drink 10 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: _____

Looking Good,
Feeling Great &
Living Life to the Fullest!

ACTIVITY & NUTRITION LOG

Daily Activity and Nutrition Log

Name: _____ Date: _____

Exercise:

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

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:
Estimated calories:	Estimated calories:	Estimated calories:	Estimated calories:	Estimated calories:

Estimated Total Daily Calories: _____

- Did you drink 10 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: _____

Looking Good,
Feeling Great &
Living Life to the Fullest!

ACTIVITY & NUTRITION LOG

Daily Activity and Nutrition Log

Name: _____ Date: _____

Exercise:

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

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:
Estimated calories:	Estimated calories:	Estimated calories:	Estimated calories:	Estimated calories:

Estimated Total Daily Calories: _____

- Did you drink 10 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: _____

Looking Good,
Feeling Great &
Living Life to the Fullest!

ACTIVITY & NUTRITION LOG

Daily Activity and Nutrition Log

Name: _____ Date: _____

Exercise:

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

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:
Estimated calories:	Estimated calories:	Estimated calories:	Estimated calories:	Estimated calories:

Estimated Total Daily Calories: _____

- Did you drink 10 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: _____

Looking Good,
Feeling Great &
Living Life to the Fullest!

ACTIVITY & NUTRITION LOG

Activity and Nutrition Log

Weekly Synopsis

Looking Good,
 Feeling Great &
 Living Life to the Fullest!

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	_____	10
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):
