

Daily Food and Activity Log

Name: _____ Date: _____

Exercise:

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

Nutrition:

Meal/Snack 1	Meal/Snack 2	Meal/Snack 3	Meal/Snack 4	Meal/Snack 5
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 ½ body weight in ounces of water today? | YES | NO | How much? _____ |
| Did you eat 5 vegetable/fruit servings today? | YES | NO | How many? _____ |
| Did you drink any alcohol today? | YES | NO | How much? _____ |
| Did you stop eating 3 hours before bed? | YES | NO | When? _____ |
| Did you allow for a 13-hour fasting window at night? | 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

Total cardio-vascular time (minutes) _____ >150

Total number of cardio sessions _____ 5-7

Total number of muscle-conditioning workouts _____ 2+

of days hit water goal _____ 7

of days hit veggie/fruit goal _____ 7

Number of days alcohol was consumed _____ 0-1

Number of days stopped eating 3 hours before bed _____ 7

Number of days achieved a 13-hour fasting window _____ 7

Major accomplishment(s) this week:

Next week's goal(s):

