



Presents



Daily Exercise and Nutrition Log

Date: _____

1. Exercise

CARDIOVASCULAR	MUSCLE-CONDITIONING	FLEXIBILITY
Time:	Time:	Time:
Intensity:	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 much? _____

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

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

5. Today I am grateful for: _____

4. My major accomplishment(s) today were:

Were today's goals achieved? YES NO

Tomorrow's goal(s) will be:
