

## PHASE II Personal Training Center - Daily Nutrition and Exercise Log

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Cardiovascular Exercise	Strength Training
List the type of exercise you performed: _____ _____	How long was your strength training workout: _____ _____
How long did you exercise: _____ _____	Provide details related to the intensity of your workout. For example exercises you performed, the type of workout (upper body, lower body, or both), the number of sets you performed each exercise, etc. _____ _____ _____
Describe the intensity level (example speed, incline, level, heart rate) _____ _____ _____	_____ _____ _____

**Nutrition** (When listing the foods & beverages consumed be very specific)

Breakfast	Mid-Morning Snack	Lunch
Time: _____  Foods & beverages consumed: _____ _____ _____ _____ Location/Environment: _____ _____ Feelings: _____ _____	Time: _____  Foods & beverages consumed: _____ _____ _____ _____ Location/Environment: _____ _____ Feelings: _____ _____	Time: _____  Foods & beverages consumed: _____ _____ _____ _____ Location/Environment: _____ _____ Feelings: _____ _____
Mid-Afternoon Snack	Dinner	After Dinner Snack
Time: _____  Foods & beverages consumed: _____ _____ _____ _____ Location/Environment: _____ _____ Feelings: _____ _____	Time: _____  Foods & beverages consumed: _____ _____ _____ _____ Location/Environment: _____ _____ Feelings: _____ _____	Time: _____  Foods & beverages consumed: _____ _____ _____ _____ Location/Environment: _____ _____ Feelings: _____ _____

Did you drink 8 glasses of water today?      \_\_\_ Yes    \_\_\_ No    How many? \_\_\_\_\_  
Did you eat 5 servings of vegetables today?    \_\_\_ Yes    \_\_\_ No    How many? \_\_\_\_\_  
Did you 3 servings of fruit 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 bedtime? \_\_\_ Yes    \_\_\_ No    How many? \_\_\_\_\_

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

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My major accomplishment(s) today were:

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Were today's goals achieved?

\_\_\_ Yes    \_\_\_ No

Tomorrow's goals are:

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