**Exercise Log**

Check here if you are currently inactive [ ]

If you are currently active, please record your exercise habits for the past week

The date I started this routine was: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| **Cardio** |  |  |  |
| **Day** |  Monday Tuesday Wednesday Thursday  |   Friday Saturday/Sunday |   |
| **Type of Exercise** |   |   |   |  |    |   |   |
| **Time** |  |  |  |  |  |  |   |
| **Intensity** |  |  |  |  |  |  |   |
|  |  |  |  |

**Strength Training**

Please list your current resistance training exercises. If the name of the exercise is unknown, please describe it to the staff.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| List Exercises | Sets | Reps | Weight | Please circle days you typically lift this exercise |
|  |  |  |  | M Tu W Th Fr Sat Sun |
|  |  |  |  | M Tu W Th Fr Sat Sun |
|  |  |  |  | M Tu W Th Fr Sat Sun |
|  |  |  |  | M Tu W Th Fr Sat Sun |
|  |  |  |  | M Tu W Th Fr Sat Sun |
|  |  |  |  | M Tu W Th Fr Sat Sun |
|  |  |  |  | M Tu W Th Fr Sat Sun |
|  |  |  |  | M Tu W Th Fr Sat Sun |
|  |  |  |  | M Tu W Th Fr Sat Sun |
|  |  |  |  | M Tu W Th Fr Sat Sun |
|  |  |  |  | M Tu W Th Fr Sat Sun |
|  |  |  |  | M Tu W Th Fr Sat Sun |

**Nutrition Log**

If you are participating in the Wellness Coaching or Nutrition Counseling please record three days of your food and beverage intake. Be specific and include quantities.

|  |  |  |  |
| --- | --- | --- | --- |
| **Meal Journal** |  **Day 1** | **Day 2** | **Day 3** |
| **Breakfast** |  |  |  |
| **Snack** |  |  |  |
| **Lunch** |  |  |  |
| **Snack** |  |  |  |
| **Dinner** |  |  |  |
| **Snack** |  |  |  |