

# Core Intervention

No Rules.....Only Choices

## Daily Food Log

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

Nutrition Summary	CAL	FAT	CAR	PRO	FIB	SUG	SOD
Sunday							
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
<b>Weekly Totals:</b>							

Exercise Summary	Time Spent	Cal Burned	Deficit / Excess
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
<b>Weekly Totals:</b>			

Notes:

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This form is intended for information and reference only. It is not and should not be a substitute for professional, medical advice.

This form should not be used to diagnose, treat, cure or prevent any medical condition.

Our bodies are all different and you and your health care provider know it best.

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