Date: _____

| Time | Amount | Foods & beverages |
|---|---|---|
| | | |

Steps

Activity

Water (8 fluid ounce per circle) O O O O O O O O

| **Tally servings- keep on track!** | **Goal?** | **Tally:** |
|---|---|---|
| Breads/Grains/Starchyvegs | | |
| Milk | | |
| Vegetables | | |
| Fruit | | |
| Lean Meats | | |
| Fats | | |
| Extras??? | | |

Date: _____

| Time | Amount | Foods & beverages |
|---|---|---|
| | | |

Steps

Physical Activity

Water (8 fluid ounce per circle) O O O O O O O O

| **Tally servings- keep on track!** | **Goal?** | **Tally:** |
|---|---|---|
| Breads/Grains/Starchyvegs | | |
| Milk | | |
| Vegetables | | |
| Fruit | | |
| Lean Meats | | |
| Fats | | |
| Extras??? | | |

Date: _____

| Time | Amount | Foods & beverages |
|---|---|---|
| | | |

Steps

Physical Activity

Water (8 fluid ounce per circle) O O O O O O O O

| **Tally servings- keep on track!** | **Goal?** | **Tally:** |
|---|---|---|
| Breads/Grains/Starchyvegs | | |
| Milk | | |
| Vegetables | | |
| Fruit | | |
| Lean Meats | | |
| Fats | | |
| Extras??? | | |

Date: _____

| Time | Amount | Foods & beverages |
|---|---|---|
| | | |

Steps

Physical Activity

Water (8 fluid ounce per circle) O O O O O O O O

| **Tally servings- keep on track!** | **Goal?** | **Tally:** |
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| Breads/Grains/Starchyvegs | | |
| Milk | | |
| Vegetables | | |
| Fruit | | |
| Lean Meats | | |
| Fats | | |
| Extras??? | | |

# CHS LiveWELL

## Food and Activity Journal

Be sure to record the following information each day and bring this form with you if you visit a wellness specialist.

1. Date, time and place of your meals, drinks, sips, snacks or nibbles.

2. Describe the foods eaten and estimate the portion size.
- Meat fish poultry and cheese best described in ounces (3 oz cooked meat is about the size of a deck of cards)
- Vegetables and fruits are best described in cups.
- Beverages are best described in fluid ounces
- Condiments, margarine, salad dressings in teaspoons or tablespoons

3. Track steps with a pedometer List, describe and estimate time spent on physical activity performed throughout the day. Be specific.

4. Remember to also record the following
- All condiments: sour cream, creamer added to coffee, mayonnaise,
- If possible "separate" combination foods: For example Spaghetti: (2 cups noodles, 1 cup sauce, 5 meatballs, 2 Tablespoon parmesan cheese)
- How food was prepared: fried, boiled, baked et

5. Example:

| Time | Amount | Food & beverages |
|---|---|---|
| Noon | 1large | Pita bread |
| | 3 oz | Turkey |
| | 2oz | American cheese |
| | 16 oz | Root beer |

6. SET at least one GOAL(s) for this week:

7. REVIEW goals at end of week:

6. Track something! Track calories, points or check off your servings in each food group at the bottom of a page. What's your serving goal? Check out Calorie needs and Food Serving recommendations in the Healthy Weight Toolkit on CHS LiveWELL website. Look for the resource "Eating for Weight Loss".

Date: _____

| Time | Amount | Foods & beverages |
|---|---|---|
| | | |

Steps

Physical Activity

Water (8 fluid ounce per circle) O O O O O O O O

| **Tally servings- keep on track!** | **Goal?** | **Tally:** |
|---|---|---|
| Breads/Grains/Starchyvegs | | |
| Milk | | |
| Vegetables | | |
| Fruit | | |
| Lean Meats | | |
| Fats | | |
| Extras??? | | |

Date: _____

| Time | Amount | Foods & beverages |
|---|---|---|
| | | |

Steps

Physical Activity

Water (8 fluid ounce per circle) O O O O O O O O

| **Tally servings- keep on track!** | **Goal?** | **Tally:** |
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| Extras??? | | |

Date: _____

| Time | Amount | Foods & beverages |
|---|---|---|
| | | |

Steps

Physical Activity

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| **Tally servings- keep on track!** | **Goal?** | **Tally:** |
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| Extras??? | | |