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		
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Extras???		

Date: _____

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Physical Activity

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Date: _____

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Physical Activity

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Tally servings- keep on track!	**Goal?**	**Tally:**
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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		
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Vegetables		
Fruit		
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Fats		
Extras???		

Date: _____

Time	Amount	Foods & beverages

Steps

Physical Activity

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Date: _____

Time	Amount	Foods & beverages

Steps

Physical Activity

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