



NUTRITION & ACTIVITY TRACKER

Date: _____ to _____

INFORMATION ABOUT MYSELF



Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Height: _____ Weight: _____

Other: _____



Nutrition & Activity Tracker

This record is designed to help you recognize and manage how you eat and how active you are. Keep it with you all day. Write down everything you eat and everything you do to be physically active each day.

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Why Track Your Nutrition & Physical Activity?

The food diary is an effective weight management tool. In order to lose or manage weight, you must understand your eating habits and what triggers eating and activity habits. Tracking health decisions helps you identify why you make the choices you do. Often our most damaging eating happens when we're not paying attention. We eat as a reflex to certain situations or emotions. We may eat because we're bored, stressed, celebrating, etc. If you eat because of stress, then maybe your focus should be on finding stress reduction techniques rather than a weight loss program.

How to Track your Nutrition & Physical Activity

1. Write down everything that goes into your mouth. (It's the times that you don't want to write down that are the most important.)
2. Be honest.
3. Track normal eating & activity behaviors.
4. Use this record to track:
 - What you eat
 - When you eat
 - How much you eat (You may want to also notice thoughts, moods and/or feelings before and after eating.)
5. Evaluate your record and develop a strategy to encourage better eating and activity habits.
6. Set goals to improve.

Physical Activity	Action Plan (Steps needed to accomplish goal.)	Timeline
Lose 5 to 10 lbs, so I can move easier and improve my blood pressure	<ol style="list-style-type: none"> 1. I will add one day of walking to my present schedule. 2. I will walk on Monday, Wednesday and Friday at lunchtime for 30 minutes. 	I will achieve this goal in 20 weeks.
Nutrition	Action Plan (Steps needed to accomplish goal.)	Timeline
Eat healthy snacks at home and at work to have more energy.	<ol style="list-style-type: none"> 1. Keep a bowl of fruit on the kitchen counter. 2. Add cut vegetables to sack lunch. 3. Prepare single servings of crackers, fruit or vegetables to keep in the refrigerator. 4. Limit snacks to certain times & places. 	I will make a habit of healthy snacks over the next 12 weeks.

Physical Activity	Action Plan (Steps needed to accomplish goal.)	Timeline
Nutrition	Action Plan (Steps needed to accomplish goal.)	Timeline



Forms of Moderate Physical Activity

- Walking briskly
- Golfing, pulling or carrying clubs
- Swimming, recreational
- Mowing lawn, power motor
- Tennis, doubles
- Scrubbing floors or windows
- Bicycling 5 to 9 mph, level terrain, or with a few hills
- Weight lifting, using machines or free weights
- **FOR 10,000 STEPS A DAY:**
2,000 steps = 1 mile or about 15 minutes of brisk walking

Food Serving Sizes

- **Dairy (D)** = 1 cup milk or yogurt, 1½ oz. natural cheese, 2 oz. processed cheese
- **Fruits (F)** = 1 piece fruit or melon wedge, ¾ cup juice, ½ cup canned fruit, ¼ cup dried fruit
- **Grain (G)** = 1 slice of bread, ½ cup cooked rice or pasta, ½ cup cooked cereal
- **Protein/Beans/Meat (P)** = 3 oz. cooked lean meat, poultry, or fish, ½ cup cooked beans or 1 egg
- **Vegetables (V)** = ½ cup chopped raw or cooked vegetables, 1 cup leafy raw vegetables
- **Other (O)** = Fats & sweets, limit calories
- **Water (W)** = 8 oz. or about 1 cup

Day: (circle) **S M T W TH F S** Date: |

Time	Food & Quantity	D	F	G	P	V	O	W	Physical Activity	Minutes
8 am	1 cup oatmeal with 1 cup milk, 1 orange and 1 piece of toast with jam	1	1	3			1		Early morning walk	20
10 am	1 apple and 16 oz. glasses water		1					2		
Noon	1 turkey sandwich, 1/2 cup baby carrots, 1 glass fruit drink and 1 apple		1	2	2	1			walk after lunch	15
3 pm	1 yogurt, 1/2 cup nuts and 16 oz. water	1			1			2		
6 pm	1/2 cup chicken & 1 cup pasta, with 1/4 cup red sauce, 1 cup steamed zucchini, 1 breadstick 1/2 cup berries, 16 oz. water		1	4	1	2	1	2	Ball game with family and friends	30
Total Servings		2	4	9	4	3	2	6	Total Minutes	65 Min.
• Recommended		2-3	3-5	6-11	2-3	3-5	rare	6-8	Recommended	30 Min.

D = Dairy F = Fruits G = Grains P = Protein/Beans/Meat V = Vegetables O = Other W = Water



TRACKING RECORD



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1-888-222-2542

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Healthcare Providers, Websites, Phone Numbers of Exercise Partners, etc.

Check Your Health Hotline: 1-888-222-2542

Check Your Health Website: www.checkyourhealth.org



NOTES





1-888-222-2542



checkyourhealth.org

