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Daily Food and Physical Activity Log

To help you and your clinician review your eating and physical activity habits, track your diet and activity for 5 days. Make at least 1 day a weekend day. Write down all foods and beverages as soon as you eat or drink them. Do not wait until the end of the day. Note what time you eat a meal or have a snack. List what you ate or drank and how much. At the end of the day, check off the number of servings for each food group for the day.

Day and Date						Number of servings of each
Breakfast	Morning Snack (if eaten)	Lunch	Afternoon Snack (if eaten)	Dinner	Evening Snack (if eaten)	food group:
Time:					,	Vegetables: 000
						Fruits: 000
						Grains: 0000000
						Proteins: 00000
Physical activity	Dairy: 0000					
						Other:
						Other:
Day and Date						_
Day and Date Breakfast	Morning Snack (if eaten)	Lunch	Afternoon Snack (if eaten)	Dinner	Evening Spack (if eaten)	Number of servings of each food group:
Breakfast	Morning Snack (if eaten)	Lunch	Afternoon Snack (if eaten)	Dinner	Evening Snack (if eaten)	Number of servings of each
		Lunch		Dinner		Number of servings of each food group:
Breakfast		Lunch		Dinner		Number of servings of each food group:
Breakfast Time:	Snack (if eaten)			Dinner		Number of servings of each food group: Vegetables: 000 Fruits: 0000
Breakfast Time:				Dinner		Number of servings of each food group: Vegetables: OOO Fruits: OOOO Grains: OOOOOOO
Time:	Snack (if eaten)			Dinner		Number of servings of each food group: Vegetables: 000 Fruits: 0000

Breakfast	Morning Snack (if eaten)	Lunch	Afternoon Snack (if eaten)	Dinner	Evening Snack (if eaten)	Number of servings of each food group:
Time:						Vegetables: ○ ○ ○ ○ Fruits: ○ ○ ○ ○ ○ ○ ○ ○ Grains: ○ ○ ○ ○ ○ ○ ○ ○ ○ ○
Physical activity	Proteins: OOOOO Dairy: OOO Other:					
ay and Date						Number of conducts of cook
Breakfast	Morning Snack (if eaten)	Lunch	Afternoon Snack (if eaten)	Dinner	Evening Snack (if eaten)	Number of servings of each food group: Vegetables: OOO Fruits: OOOO Grains: OOOOOOO
Time:						
Physical activity—What I did and for how long						Proteins:
Day and Date						N
Breakfast	Morning Snack (if eaten)	Lunch	Afternoon Snack (if eaten)	Dinner	Evening Snack (if eaten)	Number of servings of each food group:
Time:						Vegetables: 0000 Fruits: 000
						Grains: 0000
hysical activity	Dairy: OOO					
						Other: