

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 food group:
Breakfast	Morning Snack (if eaten)	Lunch	Afternoon Snack (if eaten)	Dinner	Evening Snack (if eaten)	
Time:						Vegetables: ○○○○
						Fruits: ○○○○
						Grains: ○○○○○○○○
						Proteins: ○○○○○○
						Dairy: ○○○○
						Other: _____
Physical activity—What I did and for how long						

Day and Date						Number of servings of each food group:
Breakfast	Morning Snack (if eaten)	Lunch	Afternoon Snack (if eaten)	Dinner	Evening Snack (if eaten)	
Time:						Vegetables: ○○○○
						Fruits: ○○○○
						Grains: ○○○○○○○○
						Proteins: ○○○○○○
						Dairy: ○○○○
						Other: _____
Physical activity—What I did and for how long						

Day and Date						Number of servings of each food group: Vegetables: ○○○○ Fruits: ○○○○ Grains: ○○○○○○○○ Proteins: ○○○○○○ Dairy: ○○○○ Other: _____
Breakfast	Morning Snack (if eaten)	Lunch	Afternoon Snack (if eaten)	Dinner	Evening Snack (if eaten)	
Time:						
Physical activity—What I did and for how long						

Day and Date						Number of servings of each food group: Vegetables: ○○○○ Fruits: ○○○○ Grains: ○○○○○○○○ Proteins: ○○○○○○ Dairy: ○○○○ Other: _____
Breakfast	Morning Snack (if eaten)	Lunch	Afternoon Snack (if eaten)	Dinner	Evening Snack (if eaten)	
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Physical activity—What I did and for how long						

Day and Date						Number of servings of each food group: Vegetables: ○○○○ Fruits: ○○○○ Grains: ○○○○○○○○ Proteins: ○○○○○○ Dairy: ○○○○ Other: _____
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