

Daily Food and Physical Activity Diary

Instructions for Completing the Daily Food and Physical Activity Diary

MOVE!® is all about helping you manage your weight. This diary is designed to help you monitor your weight, physical activity, and dietary intake. This will be one of your most valuable tools to reach your goals because it will increase your awareness and help you change. Complete the diary as frequently as possible. It is worth the effort!

Food and Beverages

1. In the top section of the diary:

- Write your name and the date.
- Fill in your daily calorie goal. Use→ this chart to select your calories.
- Set a weekly food goal to improve your diet. **Example:** “I will cut down on calories by eliminating snacking while watching TV in the evenings this week,” or “I will drink water or sugar-free beverages in place of regular soda this week.”

Current Weight	Daily Calorie Goal
Under 200 pounds	1200–1500 calories per day
200–225 pounds	1500–1800 calories per day
226–250 pounds	1800–2000 calories per day
251–300 pounds	2000–2500 calories per day
301–350 pounds	2500–3000 calories per day
Over 350 pounds	See a MOVE!® Dietitian

2. Weigh yourself daily and record your weight in the header row, next to the day.

3. Write down **everything** you eat and drink, and the amount. If you know the measured amount, list it. If you don't know the exact amount then estimate the size (2" x 1" x 1"), the volume (½ cup), the weight (2 ounces), and/or the number of items (12) of that type of food. Include **as much detail as possible**.

4. Complete the line that has “**M PC H**” listed:

- Circle **M** if you were **mindful** (aware of what & how much you ate).
- Circle **PC** if the meal was **portion-controlled** (see Handout S06, *Making Healthy Food Choices with a Healthy Plate*).
- Circle **H** if the meal was **healthy** (see Handout S06).
- Mark the numbers on 1–10 Hunger/Fullness rating scale (1=starving, 5=neither hungry nor full, 10=uncomfortably full)
 - Place an **X** over the number that represents the **Pre-meal** hunger/fullness level.
 - Draw a **circle** around the number that represents the **Post-meal** hunger/fullness level.

5. Fill in a word to describe your **mood** (happy, content, sad, angry, lonely, excited, exhausted, bored, anxious, fearful, or any other emotion).

6. Use a calorie counter to enter total calories for the day. Purchase a booklet, use a Web site or a Smartphone App to count calories easily.

7. At the end of the day, circle whether you met your goal for the day:

- If you met your goal, circle “**I did it!**”
- If you almost met your goal, circle “**Almost.**”
- If you didn't achieve your goal, circle “**Try again.**”

Physical Activity

1. **Write your weekly physical activity goal** on the top line. **Example:** *"I want to walk 15 to 30 minutes per day for 4 out of 7 days this week and do strength training twice a week. I will also look for additional ways to be active throughout the day, like taking the stairs instead of the elevator, three times a day."* Refer to Handout S02, *Set Your Weight Loss Goals*, for an explanation of how to set a SMART goal.

NOTE: You do not need to do all four types of activity each day. See below for descriptions and guidance for recommended amounts of physical activity. Refer to the sample plan to see how to spread out the types of activities over the week.

2. **Aerobic activity** is when the body's large muscles move together and your heart beats faster than usual. **Examples** include aerobics, swimming, running, walking, kickboxing, dancing, and cycling. This type of activity burns the most calories and promotes weight loss. **In this box**, write down what you did, how long you did it, and/or the number of steps/wheelchair revolutions.
3. **Strengthening activity** is when the body's muscles work against a force or weight. **Examples** include elastic bands, weights, or body weight. **In this box**, write down the type of strength training and how many repetitions and sets of each exercise you performed.
4. **Flexibility (stretching)** lengthens a muscle. This makes a muscle feel loose while increasing range of motion. **Examples** include self-stretch, yoga, Pilates, and chair stretching routines. **In this box**, write down the type of stretch you participated in.
5. **Lifestyle activity** occurs during normal, everyday activity such as vacuuming, walking the dog, mowing the lawn, participating in a walking meeting at work, or dancing.
6. **Recommended Amounts of Physical Activity**
 - **Aerobic:**
 - Weight Loss: 300 minutes (5 hours) per week. Start with what you can do and build to 300 minutes over time.
 - Health/Weight Maintenance: 150 minutes (2½ hours) per week, in periods of at least 10 minutes.
 - **Strength:** Do strength training 2–3 times/week. Each exercise should be repeated, completing 8–12 repetitions.
 - **Flexibility/Stretching:** Be sure to stretch after each workout, whether it's aerobic or strength.
 - **Lifestyle Activity:** Get as much as you can.
7. **At the end of the day**, circle whether you met your goal for the day:
 - If you met your goal, circle *"I did it!"*
 - If you almost met your goal, circle *"Almost."*
 - If you didn't achieve your goal, circle *"Try again."*
8. **At the end of each day**, total your aerobic activity (in minutes). **At the end of each week**, add your daily aerobic totals together to determine your weekly aerobic time.



Daily Food and Physical Activity Diary

Name: John. H. Hero

Date: April 1

Daily Calorie Goal: 2000

(see instructions or Standard Handout S01 for guidance)

Weekly Food Goal: I will drink water or diet colas instead of regular sodas this week.

NOTE: Include everything you eat and drink in your diary.

Day / Weight	Sunday / 267	Monday / 266.5	Tuesday / 266.5	Wednesday / 266	Thursday / 266.3	Friday / 266.2	Saturday / 265.8
Breakfast (6am–10am) M=Mindful PC=Portion Control H=Healthy Hunger/Fullness Scale X=Pre-meal O=Post-meal	8 oz orange juice 1 cup raisin bran 1/2 cup 2% milk 1 tsp sugar sub. 2 slices wheat toast 1 cup coffee	1 cup oatmeal 1/2 cup 2% milk 1 tsp sugar sub. 1 English muffin 2 tbsp no sugar jam 1 cup coffee	1 hard-boiled egg 3 oz ham 2 slice toast 1 tsp no sugar jam 8 oz tomato juice	2 biscuits and 1/2 cup gravy 2 scrambled eggs 1 cup Cantaloupe 8 oz orange juice	3 pieces French toast 3 Tbsp lite maple syrup 1 Tbsp margarine 1 cup 1% milk	1 1/2 cups raisin bran 1 plum 1 cup coffee 1/2 cup 1% milk	
	Mood: excited Hunger/Fullness Scale: 1 2 3 4 5 6 7 8 9 10	Mood: content Hunger/Fullness Scale: 1 2 3 4 5 6 7 8 9 10	Mood: neutral Hunger/Fullness Scale: 1 2 3 4 5 6 7 8 9 10	Mood: sad Hunger/Fullness Scale: 1 2 3 4 5 6 7 8 9 10	Mood: relaxed Hunger/Fullness Scale: 1 2 3 4 5 6 7 8 9 10	Mood: happy Hunger/Fullness Scale: 1 2 3 4 5 6 7 8 9 10	
	Lunch (11am–2pm)	Large garden salad 4 oz tuna in water 2 tbsp low-fat blue cheese 1 small dinner roll no butter	2 large slices mushroom & onion thin crust pizza side salad 2 tbsp Italian dressing	1 protein shake 1 pear 8 oz water	grilled chicken on wheat bun 1 small order fries 1 small diet coke	vegetable salad 1 cup Greek yogurt 2 tbsp Oil and vinegar dressing 8 oz water	
Dinner (5pm–8pm)	turkey and provolone cheese sandwich on wheat 1tbsp mustard 1 bag chips 1 diet coke	8 oz spaghetti 4 small meatballs side salad diet jello 8 oz water	6 oz baked chicken without skin 2 tbsp bbq sauce 1/2 cup steamed rice + margarine 1 cup broccoli 8 oz water	6 oz salmon 1 cup spinach 1/2 baked potato with 1 tbsp low-fat sour cream and 1tbsp margarine 8 oz water	2 chicken soft tacos 1/2 cup black beans 20 chips with salsa 1/2 cup yellow rice 1 skinny margarita	1 1/2 cup cheese ravioli side salad 1 piece garlic bread 8 oz water	
	Mood: happy Hunger/Fullness Scale: 1 2 3 4 5 6 7 8 9 10	Mood: anxious Hunger/Fullness Scale: 1 2 3 4 5 6 7 8 9 10	Mood: angry Hunger/Fullness Scale: 1 2 3 4 5 6 7 8 9 10	Mood: sad Hunger/Fullness Scale: 1 2 3 4 5 6 7 8 9 10	Mood: happy Hunger/Fullness Scale: 1 2 3 4 5 6 7 8 9 10	Mood: neutral Hunger/Fullness Scale: 1 2 3 4 5 6 7 8 9 10	Mood: happy Hunger/Fullness Scale: 1 2 3 4 5 6 7 8 9 10
	Snacks & Beverages (between meals) Remember, all snacks should be healthy, mindful and portion controlled; include alcoholic beverages	orange 120-calorie granola bar 1 medium chocolate muffin	celery Carrots 2 tbsp peanut butter 150-calorie frozen yogurt cone	2 string cheese 15 almonds		celery and carrots 2 tbsp peanut butter	
Total Calories	1422	1938	2399	2175	1718	2720	1625
Goal Met?	I did it Almost Try again	I did it Almost Try again	I did it Almost Try again	I did it Almost Try again	I did it Almost Try again	I did it Almost Try again	I did it Almost Try again

Physical Activity Weekly Goal: I want to be physically active 5 days this week through walking, aerobic exercise, and participate in 2 days of strength training.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Aerobic (Type, Time/ Steps/Wheelchair Revolutions)	20 minutes on elliptical	45-minute water aerobics class	10-minute bike ride 30 minute treadmill		45-minute water aerobics class		
	Pedometer: 9,558 steps	Pedometer: 12,200 steps	Pedometer: 16,459 steps	Pedometer: 4,326 steps	Pedometer: 11,009 steps	Pedometer: 13,988 steps	Pedometer: 14,450 steps
Strength	Type: Repetitions: Sets:	Type: resistance Band (12 exercises) Repetitions: 10-15 Sets: 2	Type: Repetitions: Sets:	Type: Repetitions: Sets:	Type: free weights and body weight exercises Repetitions: 10-15 Sets: 3	Type: Repetitions: Sets:	Type: Repetitions: Sets:
Flexibility (Type)	10-minute stretch of lower body	5-minute stretching after strength training routine		1-hour yoga class	15-minute stretch in pool		20 minutes stretching
Lifestyle Activity (Type/Time)	Two 10-minute walks	15-minute walk at lunch	shopping at the mall for 1 hour parked at back of parking lot 30-minute dance lesson			mowed the grass with push mower weeded the garden washed the car	18 holes of golf walking course
Goal Met?	<input checked="" type="radio"/> I did it <input type="radio"/> Almost <input type="radio"/> Try again	<input checked="" type="radio"/> I did it <input type="radio"/> Almost <input type="radio"/> Try again	<input checked="" type="radio"/> I did it <input type="radio"/> Almost <input type="radio"/> Try again	<input checked="" type="radio"/> I did it <input type="radio"/> Almost <input type="radio"/> Try again	<input checked="" type="radio"/> I did it <input type="radio"/> Almost <input type="radio"/> Try again	<input checked="" type="radio"/> I did it <input type="radio"/> Almost <input type="radio"/> Try again	<input checked="" type="radio"/> I did it <input type="radio"/> Almost <input type="radio"/> Try again
Total Weekly Aerobic Time (# minutes)	50 minutes	60 minutes	40 planned minutes 35 minutes mall walking	0 planned minutes of aerobic activity	45 minutes	70 minutes	30 minutes on golf course

Daily Food and Physical Activity Diary

Name: _____ Date: _____ Daily Calorie Goal: _____ (see instructions or Standard Handout S01 for guidance)

Weekly Food Goal: _____ NOTE: Include everything you eat and drink in your diary.

Day / Weight	Sunday /	Monday /	Tuesday /	Wednesday /	Thursday /	Friday /	Saturday /
Breakfast (6am–10am) M=Mindful PC=Portion Control H=Healthy Hunger/Fullness Scale X=Pre-meal O=Post-meal	M PC H 1 2 3 4 5 6 7 8 9 10 Mood:	M PC H 1 2 3 4 5 6 7 8 9 10 Mood:	M PC H 1 2 3 4 5 6 7 8 9 10 Mood:	M PC H 1 2 3 4 5 6 7 8 9 10 Mood:	M PC H 1 2 3 4 5 6 7 8 9 10 Mood:	M PC H 1 2 3 4 5 6 7 8 9 10 Mood:	M PC H 1 2 3 4 5 6 7 8 9 10 Mood:
Lunch (11am–2pm)	M PC H 1 2 3 4 5 6 7 8 9 10 Mood:	M PC H 1 2 3 4 5 6 7 8 9 10 Mood:	M PC H 1 2 3 4 5 6 7 8 9 10 Mood:	M PC H 1 2 3 4 5 6 7 8 9 10 Mood:	M PC H 1 2 3 4 5 6 7 8 9 10 Mood:	M PC H 1 2 3 4 5 6 7 8 9 10 Mood:	M PC H 1 2 3 4 5 6 7 8 9 10 Mood:
Dinner (5pm–8pm)	M PC H 1 2 3 4 5 6 7 8 9 10 Mood:	M PC H 1 2 3 4 5 6 7 8 9 10 Mood:	M PC H 1 2 3 4 5 6 7 8 9 10 Mood:	M PC H 1 2 3 4 5 6 7 8 9 10 Mood:	M PC H 1 2 3 4 5 6 7 8 9 10 Mood:	M PC H 1 2 3 4 5 6 7 8 9 10 Mood:	M PC H 1 2 3 4 5 6 7 8 9 10 Mood:
Snacks & Beverages (between meals) Remember, all snacks should be healthy, mindful and portion controlled; include alcoholic beverages							
Total Calories							
Goal Met?	I did it Almost Try again	I did it Almost Try again	I did it Almost Try again	I did it Almost Try again	I did it Almost Try again	I did it Almost Try again	I did it Almost Try again

Physical Activity Weekly Goal:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Aerobic (Type, Time/ Steps/Wheelchair Revolutions)	Pedometer:	Pedometer:	Pedometer:	Pedometer:	Pedometer:	Pedometer:	Pedometer:
Strength	Type:	Type:	Type:	Type:	Type:	Type:	Type:
	Repetitions:	Repetitions:	Repetitions:	Repetitions:	Repetitions:	Repetitions:	Repetitions:
	Sets:	Sets:	Sets:	Sets:	Sets:	Sets:	Sets:
Flexibility (Type)							
Lifestyle Activity (Type/Time)							
Goal Met?	I did it Almost Try again	I did it Almost Try again	I did it Almost Try again	I did it Almost Try again	I did it Almost Try again	I did it Almost Try again	I did it Almost Try again
Total Weekly Aerobic Time (# minutes)							