





VETERAN FOOD AND PHYSICAL ACTIVITY LOG

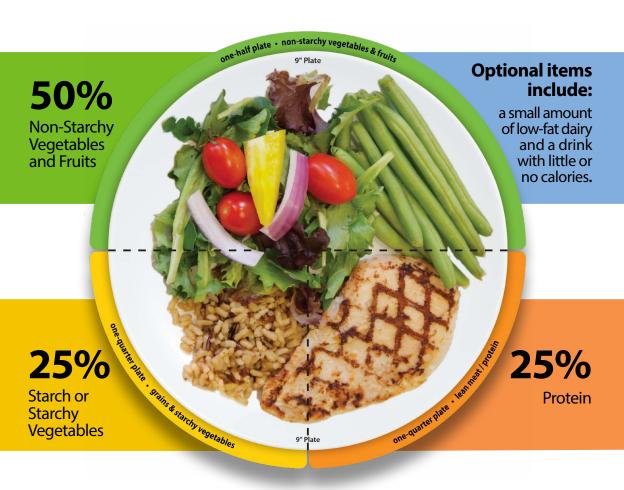




My Healthy Plate

Use these guidelines to measure "how healthy is my plate?" Choose vegetables, whole grains, low-fat dairy products, fruits, and lean protein. Eating from all food groups helps make sure you get all the nutrients you need.

If you are concerned about changing your diet or increasing your physical activity talk to your MOVE! care team and your Primary Care Provider to develop a plan that is specialized for you.



Rate of Perceived Exertion Chart

You can use the RPE chart to rate how hard you are exercising. Cardio activities should be done at levels 4-8, or moderate to vigorous. Strength activities should be done at levels 7-9, or vigorous to very hard.

MAX EFFORT ACTIVITY

Feels almost impossible to keep going. Completely out of breath/unable to talk.

VERY HARD ACTIVITY

Very difficult to maintain exercise intensity.

Can barely breathe or speak a single word.

7-8 VIGOROUS ACTIVITY
On the verge of becoming uncomfortable.
Short of breath/can speak a sentence.

4-6 MODERATE ACTIVITY

Feels like you can exercise for hours. Breathing heavily/can have a short conversation.

2-3 LIGHT ACTIVITY
Feels like you can maintain for hours. Easy to breathe and have a conversation.

VERY LIGHT ACTIVITY

Anything other than sleeping. For example, watching TV, riding in a car.

Approximate Calorie Content of Common Foods

Fruit: 60 calories per serving	Serving Size
Apple, Orange, Peach, Pear, raw (small)	1 (3 oz)
Applesauce (no sugar added)	½ cup
Apricots, dried	8 halves
Banana (medium)	1/2
Berries (blackberries or blueberries)	3⁄4 cup
Cantaloupe or honeydew melon	1 cup
Cherries	12
Canned fruit, in light syrup or juice	½ cup
Dates	3
Fruit Cocktail	½ cup
Grapefruit (medium)	1/2
Grapes (small)	15
Kiwi (large)	1
Mandarin oranges	3⁄4 cup
Mango, fresh (small)	1/2
Papaya	1 cup
Pineapple, fresh	3⁄4 cup
Plums, raw (small 2" diameter)	2
Raisins	2 Tbsp
Watermelon	1 cup
100% Juice (apple, orange, pineapple)	½ cup
100% Juice (cranberry, grape, or prune)	⅓ cup

Vegetables: 25 calories per serving \mid Serving Size: 1 cup raw or 1/2 cup cooked

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 Asparagus 	 Broccoli 	 Greens 	 Radishes
Beans (green,	 Cabbage 	 Lettuce 	 Sauerkraut
waxed, snap,	 Carrots 	 Mushrooms 	 Spinach
Italian)	 Cauliflower 	 Okra 	 Squash, summer
Bean sprouts	 Celery 	 Onion 	 Tomatoes
 Beets 	 Cucumber 	 Pea pods 	 Zucchini
 Brussels sprouts 	 Eggplant 	 Peppers 	

Milk & Milk Products:		
Low-Fat Milk Products (90-110 calories per serving)	Serving Size	
Skim, ½% or 1% milk	8 ounces	
Low-fat or fat-free soy milk	8 ounces	
Buttermilk, low-fat	8 ounces	
Yogurt (non-fat, artificially sweetened)	8 ounces	
Reduced-Fat Milk Products (120-150 calories per serving)	Serving Size	
2% milk	8 ounces	
Regular soy milk	8 ounces	
Yogurt (low-fat, artificially sweetened)	8 ounces	
Whole Milk Products (150-170 calories per serving)	Serving Size	
Whole milk	8 ounces	
Goat's milk	8 ounces	
Yogurt (whole milk, regular or plan)	8 ounces	

Fats: 45 calories per serving	
Unsaturated Fats	Serving Size
Avocado	2 Tbsp
Nuts (almonds, cashews, peanuts)	6-10 nuts
Margarine	regular (1 tsp), lite (1 Tbsp)
Mayonnaise	regular (1 tsp), lite (1 Tbsp)
Salad dressing	regular (1 Tbsp), lite (2 Tbsp)
Oil (canola, corn, peanut, olive)	1 tsp
Olives, black	8 large
Seeds (pumpkin, sunflower, sesame)	1 Tbsp
Saturated Fats	Serving Size
Bacon	1 slice
Butter	1 tsp
Chicken, pork or beef fat, lard	1 tsp
Cream, half & half or whipped	2 Tbsp
Cream, heavy	1 Tbsp
Cream cheese	regular (1 Tbsp), light (1 ½ Tbsp)
Sour cream	regular (2 Tbsp), light (3 Tbsp)
Non-dairy creamer	liquid (1 Tbsp), powdered (4 tsp)

Meat & Meat Substitutes: 35-100+ calories pe	er serving
Low Fat (35-55 calories per serving)	Serving Size
Beans or peas, dried, cooked	1⁄4 cup
Cheese (fat-free or low-fat)	1 ounce
Chicken or turkey, skin removed	1 ounce
Cottage cheese (fat free or low-fat)	¼ cup
Egg substitutes, plain	1⁄4 cup
Egg whites	2
Fish, with no added fat (fresh or frozen)	1 ounce
Game (skinless duck, pheasant, venison)	1 ounce
Lean beef: (>90% lean ground; round or loin steak)	1 ounce
Lean pork (ham, loin chop, tenderloin)	1 ounce
Shellfish (clams, crab, lobster, shrimp)	1 ounce
Tuna or salmon, canned in water or oil	1⁄4 cup
Medium Fat (75 calories per serving)	Serving Size
Beef (ground, prime trimmed of fat, ribs)	1 ounce
Cheese (reduced-fat)	1 ounce
Edamame	½ cup
Egg	1 large
Fish, fried	1 ounce
Lamb (ground, rib roast)	1 ounce
Pork (cutlet or shoulder roast)	1 ounce
Refried beans, canned	½ cup
Tofu	½ cup
High Fat (100 calories per serving)	Serving Size
Turkey bacon	3 slices
Pork bacon	2 slices
Baked beans, with pork, canned	½ cup
Cheese (regular)	1 ounce
Hot dog (regular)	1
Peanut Butter	2 Tbsp
Pork (ground, sausage, spareribs)	1 ounce

Starches & Grains: 80 calories per serving	Contraction
Cereals, Grains & Pasta	Serving Size
Cereal, cooked (oatmeal, cream of wheat)	½ cup
Cereal, dry	see label
Rice, cooked (white, brown)	⅓ cup
Pasta, cooked (all kinds)	½ cup
Starchy Vegetables	Serving Size
Beans, cooked or canned (all kinds)	⅓ cup
Corn, cooked or canned	½ cup
Peas (green), cooked or canned	½ cup
Potato, baked	1 small (3 oz)
Potato (boiled or steamed), dumplings	½ cup
Spaghetti or pasta sauce	½ cup
Squash (acorn, butternut, hubbard)	1 cup
Yam or sweet potato	½ cup
Breads	Serving Size
Bread (white, wheat, rye)	1 slice
Bagel	½ small
Bun or roll (hamburger, hotdog, Kaiser)	1/2
Roll (dinner, hard)	1 small
English muffin (white or wheat)	1/2
Pita pocket bread (6 to 8-inches across)	1/2
Tortilla (6-inches), corn or flour	1
Crackers & Snacks	Serving Size
Graham crackers (squares)	3
Crackers	see label
Pretzels (hard)	³ ⁄ ₄ OZ
Popcorn (light or air popped)	3 cups
Starches and Breads with fat (125-150 calories per serving)	Serving Size
Biscuit (2 ½ inches)	1
Chips (corn, taco, or tortilla)	1 oz
Chips (potato)	10-15
Refried beans, canned	⅓ cup
Rice (fried, Spanish)	½ cup

Instructions:

List **ALL** food and drinks that you had each day on the food/beverage log. Also, track any physical activity you did, of at least a moderate intensity, that lasted 10 minutes or longer.

Weekly Weigh-In:					
Day 1	Day 2		Day 3		Day 4
Day 5		Day 6		Day 7	
My Healthy Eating Goal:					
My Physical Activity Goal:					
Weekly Reflections or Que	stions:				

Week 1 Day 1	Day/Date:
Food/Beverage:	
Physical Activity:	

Week 1 Day 2	Day/Date:
Food/Beverage:	
Physical Activity:	

Week 1 Day 3	Day/Date:
Food/Beverage:	
Physical Activity:	

Week 1 Day 4	Day/Date:
Food/Beverage:	
Physical Activity:	

Week 1 Day 5	Day/Date:
Food/Beverage:	
Physical Activity:	

Week 1 Day 6	Day/Date:
Food/Beverage:	
Physical Activity:	

Week 1 Day 7	Day/Date:
Food/Beverage:	
Physical Activity:	

Instructions:

List **ALL** food and drinks that you had each day on the food/beverage log. For each item, include how much you ate. Also, track any physical activity you did, of at least a moderate intensity, and how many minutes you were active.

Weekly Weigh-	·ln:				
Day 1	Day 2		Day 3		Day 4
Day	y5	Day 6		Day 7	
My Healthy Eating G	ioal:				
My Physical Activity	Goal:				
Weekly Reflections	or Questions:				

Week 2 Day 1	Day/Date:	
Food/Beverage:		Amount:
Physical Activity:		Minutes:

Week 2 Day 2	Day/Date:	
Food/Beverage:		Amount:
Physical Activity:		Minutes:

Week 2 Day 3	Day/Date:	
Food/Beverage:		Amount:
Physical Activity:		Minutes:

Week 2 Day 4	Day/Date:	
Food/Beverage:		Amount:
Physical Activity:		Minutes:

Week 2 Day 5	Day/Date:	
Food/Beverage:		Amount:
Physical Activity:		Minutes:

Week 2 Day 6	Day/Date:	
Food/Beverage:		Amount:
Physical Activity:		Minutes:

Week 2 Day 7	Day/Date:	
Food/Beverage:		Amount:
Physical Activity:		Minutes:

Instructions:

List **ALL** food and drinks that you had each day on the food/beverage log. For each item, include the time you ate, amount, and calories. Also, track any physical activity you did, of at least a moderate intensity, and how many minutes you were active.

Day 1		Day	y3	Day 4
	·		Day 7	·
ly Healthy Eating G	ioal:			
ly Physical Activity	Goal:			
Veekly Reflections	or Questions:			

Week 3 Day 1 Day/Date:				
Time:	Food/Beverage:		Amount:	Calories:
Physical Activit	ty:			Minutes:

Week 3 D	ay 2	Day/Date:		
Time:	Food/Beverage:		Amount:	Calories:
Physical Activity:				Minutes:

Week 3 Day 3 Day/Date:				
Time:	Food/Beverage:		Amount:	Calories:
Physical Activity:			Minutes:	

		Day/Date:	ay 4	Week 3 D	
Calories:	Amount:		Food/Beverage:	Time:	
Minutes:			ty:	Physical Activit	
 Minutes:			ty:	Physical Activit	

Week 3 D	Week 3 Day 5 Day/Date:			
Time:	Food/Beverage:		Amount:	Calories:
Physical Activity:			Minutes:	

Week 3 D	ay 6	Day/Date:		
Time:	Food/Beverage:		Amount:	Calories:
Physical Activit	ty:			Minutes:

Week 3 Day 7 Day/Date:				
Time:	Food/Beverage:		Amount:	Calories:
Physical Activity:			Minutes:	

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Day 1	Day 2		Day 3		Day 4
Day	,5	Day 6		Day 7	
My Healthy Eating G	ioal:				
My Physical Activity	Goal:				
Weekly Reflections	or Questions:				

Week 4 Day 1 Day/Date:		Day/Date:		
Time:	Food/Beverage:		Amount:	Calories:
Physical Activity:			Minutes:	

Week 4 Day 2	Day/Date:		
Time: Food/Beverag	e:	Amount:	Calories:
Physical Activity:			Minutes:

Week 4 D	Week 4 Day 3 Day/Date:			
Time:	Food/Beverage:		Amount:	Calories:
Physical Activity:			Minutes:	

Week 4 D	ay 4	Day/Date:		
Time:	Food/Beverage:		Amount:	Calories:
Physical Activity:				Minutes:

Week 4 Day 5		Day/Date:		
Time:	Food/Beverage:		Amount:	Calories:
Physical Activity	ty:			Minutes:

Week 4 D	ay 6	Day/Date:		
Time:	Food/Beverage:		Amount:	Calories:
Physical Activit	ty:			Minutes:

Week 4 Day 7		Day/Date:		
Time:	Food/Beverage:		Amount:	Calories:
Physical Activity	ty:			Minutes:

Instructions:

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Weekly We	eigh-in:			
Day 1	Day 2		Day 3	Day 4
	Day 5	Day 6	Day 7	
My Healthy Eat	ing Goal:			
My Physical Act	ivity Goal:			
Weekly Reflect	ions or Questions:			

Week 5 D	ay 1	Day/Date:			
Time:	Food/Beverage:		Amount:	Calories:	Mood/Feelings:
Physical Activi	ty:			Minutes:	RPE Intensity:

Week 5 D	ay 2	Day/Date:			
Time:	Food/Beverage:		Amount:	Calories:	Mood/Feelings:
Physical Activi	ty:			Minutes:	RPE Intensity:

Week 5 D	ay 3	Day/Date:			
Time:	Food/Beverage:		Amount:	Calories:	Mood/Feelings:
Physical Activity	Physical Activity:				RPE Intensity:

Week 5	Day 4	Day/Date:			
Time:	Food/Beverage:		Amount:	Calories:	Mood/Feelings:
Physical Activ	ity:			Minutes:	RPE Intensity:

Week 5 D	ay 5	Day/Date:			
Time:	Food/Beverage:		Amount:	Calories:	Mood/Feelings:
Physical Activity	ty:			Minutes:	RPE Intensity:

Week 5 D	ay 6	Day/Date:			
Time:	Food/Beverage:		Amount:	Calories:	Mood/Feelings:
Dhysical Astinia	<u> </u>			Minutes	DDC Into a site a
Physical Activit	Ly:			Minutes:	RPE Intensity:

Week 5 D	ay 7	Day/Date:			
Time:	Food/Beverage:		Amount:	Calories:	Mood/Feelings:
Physical Activity	Physical Activity:				RPE Intensity:

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Day 1	Day 2		Day 3	Day 4
Da	ay 5	Day 6	Day 7	
My Healthy Eating	Goal:			
My Physical Activit	y Goal:			
Weekly Reflections	s or Questions:			

Week 6 D	ay 1	Day/Date:			
Time:	Food/Beverage:		Amount:	Calories:	Mood/Feelings:
Physical Activity	ty:			Minutes:	RPE Intensity:

Week 6 D	ay 2	Day/Date:			
Time:	Food/Beverage:		Amount:	Calories:	Mood/Feelings:
Physical Activi	ty:			Minutes:	RPE Intensity:

Week 6 Day 3 Day/Date:					
Time:	Food/Beverage:		Amount:	Calories:	Mood/Feelings:
Physical Activit	ty:			Minutes:	RPE Intensity:

Week 6 D	ay 4	Day/Date:			
Time:	Food/Beverage:		Amount:	Calories:	Mood/Feelings:
Dhysical Astivit	<u> </u>			Minutes	DDC Intensity
Physical Activit	Ly:			Minutes:	RPE Intensity:

Week 6 D	ay 5	Day/Date:			
Time:	Food/Beverage:		Amount:	Calories:	Mood/Feelings:
Physical Activit	ty:			Minutes:	RPE Intensity:

Week 6 D	ay 6	Day/Date:			
Time:	Food/Beverage:		Amount:	Calories:	Mood/Feelings:
Physical Activit	ty:			Minutes:	RPE Intensity:

Week 6 D	ay 7	Day/Date:			
Time:	Food/Beverage:		Amount:	Calories:	Mood/Feelings:
Physical Activity	ty:			Minutes:	RPE Intensity:

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Day 1	Day 2 _		Day 3	Day 4
	Day 5	Day 6	Day 7	
My Healthy Eati	ng Goal:			
My Physical Acti	vity Goal:			
Weekly Reflection	ons or Questions:			

Week 7 D	ay 1	Day/Date:			
Time:	Food/Beverage:		Amount:	Calories:	Mood/Feelings:
Physical Activi	Physical Activity:			Minutes:	RPE Intensity:

Week 7 D	ay 2	Day/Date:			
Time:	Food/Beverage:		Amount:	Calories:	Mood/Feelings:
Physical Activi	ty:			Minutes:	RPE Intensity:

Week 7 Day 3 Day/Date:					
Time:	Food/Beverage:		Amount:	Calories:	Mood/Feelings:
Physical Activi	ty:			Minutes:	RPE Intensity:

Week 7 D	ay 4	Day/Date:			
Time:	Food/Beverage:		Amount:	Calories:	Mood/Feelings:
Dhysical Astivit	<u> </u>			Minutes	DDC Intensity
Physical Activit	Ly:			Minutes:	RPE Intensity:

Week 7 D	ay 5	Day/Date:			
Time:	Food/Beverage:		Amount:	Calories:	Mood/Feelings:
Physical Activi	Physical Activity:			Minutes:	RPE Intensity:

Week 7 D	ay 6	Day/Date:			
Time:	Food/Beverage:		Amount:	Calories:	Mood/Feelings:
Physical Activit	ty:			Minutes:	RPE Intensity:

Week 7 D	ay 7	Day/Date:			
Time:	Food/Beverage:		Amount:	Calories:	Mood/Feelings:
Physical Activi	Physical Activity:			Minutes:	RPE Intensity:

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Day 1	Day 2	Day	3	Day 4
ı	Oay 5	Day 6	Day 7 _	
My Healthy Eating	g Goal:			
My Physical Activi	ity Goal:			
Weekly Reflection	ns or Questions:			

Week 8 D	ay 1	Day/Date:			
Time:	Food/Beverage:		Amount:	Calories:	Mood/Feelings:
Physical Activi	Physical Activity:			Minutes:	RPE Intensity:

Week 8 D	ay 2	Day/Date:			
Time:	Food/Beverage:		Amount:	Calories:	Mood/Feelings:
Dhysical Astinia	<u> </u>			Minutes	DDC Into a site or
Physical Activit	Ly:			Minutes:	RPE Intensity:

Week 8 D	ay 3	Day/Date:			
Time:	Food/Beverage:		Amount:	Calories:	Mood/Feelings:
Physical Activity	Physical Activity:			Minutes:	RPE Intensity:

Week 8	Day 4	Day/Date:			
Time:	Food/Beverage:		Amount:	Calories:	Mood/Feelings:
Physical Activ	vity:			Minutes:	RPE Intensity:

Week 8 D	ay 5	Day/Date:			
Time:	Food/Beverage:		Amount:	Calories:	Mood/Feelings:
Physical Activity	ty:			Minutes:	RPE Intensity:

Week 8 D	ay 6	Day/Date:			
Time:	Food/Beverage:		Amount:	Calories:	Mood/Feelings:
Physical Activi	ty:			Minutes:	RPE Intensity:

Week 8 D	ay 7	Day/Date:			
Time:	Food/Beverage:		Amount:	Calories:	Mood/Feelings:
Physical Activi	Physical Activity:			Minutes:	RPE Intensity:



Keys to Weight Management Success:

Making a commitment to your weight management goals is critical to success.

- Identify your reasons for wanting to lose weight.
- Set goals that you can reach.
- Eat wisely to cut extra calories.
- Be physically active to improve your health.
- Make lifestyle changes that you can maintain.
- Weigh yourself at least weekly—daily is best.
- Keep a daily record of what you eat and your physical activity.
- Ask your family, friends, and MOVE! team for the support you need.
- Make other life changes to help reach and maintain your desired weight.
- Celebrate your success!



