



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 | 1,200 – 1,500 calories/day |
| 200 – 225 pounds | 1,500 – 1,800 calories/day |
| 226 – 250 pounds | 1,800 – 2,000 calories/day |
| 251 – 300 pounds | 2,000 – 2,500 calories/day |
| 301 – 350 pounds | 2,500 – 3,000 calories/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 (1/2 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 P C 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.

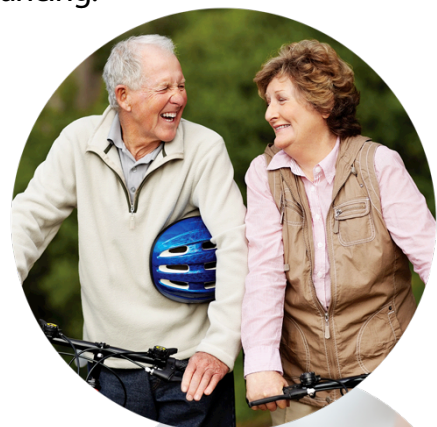
6. Recommended Amounts of Physical Activity

- **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 (6 am – 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 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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 Pedometer: 9,558 steps Type: Repetitions: Sets: | 45-minute water aerobics class Pedometer: 12,200 steps Type: resistance Band (12 exercises) Repetitions: 10-15 Sets: 2 | 10-minute bike ride 30 minute treadmill Pedometer: 16,459 steps Type: Repetitions: Sets: | Pedometer: 4,326 steps Type: Repetitions: Sets: | 45-minute water aerobics class Pedometer: 11,009 steps Type: free weights and body weight exercises Repetitions: 10-15 Sets: 3 | Pedometer: 13,988 steps Type: Repetitions: Sets: | Pedometer: 14,450 steps Type: Repetitions: Sets: |
| Strength | | | | | | | |
| 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? | Idid it Almost Try Again | Idid it Almost Try Again | Idid it Almost Try Again | Idid it Almost Try Again | Idid it Almost Try Again | Idid it Almost Try Again | Idid it Almost 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 (6 am – 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 (11 am – 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 (5 pm – 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? | Idid it Almost TryAgain | Idid it Almost TryAgain | Idid it Almost TryAgain | Idid it Almost TryAgain | Idid it Almost TryAgain | Idid it Almost TryAgain | Idid it Almost TryAgain |
| Total Weekly Aerobic Time (# minutes) | | | | | | | |