As part of your dietary management plan, you must keep a Food and Activity Diary. This sample log is a good tool to help you keep track of what you are eating and doing and when. Be sure to record the following information each day and review it at your next visit.

1. List the foods eaten and the portion size, meat, poultry, fish and cheese are best described in ounces (3 oz is approximately equal to the size of a deck of cards).
   Vegetables and cut fruit are best described in relation to cups (1 cup is approximately the size of a woman's fist)
   Beverages are best described in terms of fluid ounces (1 cup = 8 fluid ounces)
2. List, describe and estimate the time spent on any physical activity performed throughout the day. Be specific.
3. Remember to also record the following: All condiments (1 t. butter, 1 T. mayonnaise, 3 T. sour cream, etc.)
   Combination foods by breaking them down (e.g. 2 c noodles, 1/2 c marinara sauce)
   How food is prepared (home, restaurant, fast food - baked broiled, fried, etc.)

SERVING SIZE:
1 Serving Looks Like. . .

GRAIN PRODUCTS
1 cup of cereal flakes = fist
1 pancake = compact disc
1/3 cup of cooked rice, pasta, or potato = 1/2 baseball
1 slice of bread = cassette tape
1 piece of cornbread = bar of soap

VEGETABLES AND FRUIT
1 cup of salad greens = baseball
1 baked potato = fist
1 medium fruit =baseball
1/2 cup of fresh fruit - 1/2 baseball
1/4 cup of raisins = large egg

DAIRY AND CHEESE
1-1/2 oz. cheese = 4 stacked dice or 2 cheese slices
1/2 cup of ice cream = 1/2 baseball

FATS
1 tsp margarine or spreads - 1 dice

MEAT AND ALTERNATIVES
3 oz. meat, fish and poultry - deck of cards
3 oz. grilled/baked fish = checkbook
2 Tbsp. peanut butter - pin pong ball

Time:	Amount	Food Section	Hunger Rating
12:30	1 large	onion pita	
	3 oz	turkey, white	
	2 oz	American cheese	
	1 c	lettuce	
	1 slice	tomato	
	8 oz	yogurt, custard style	
	large	banana	
	16 oz	root beer	

FOOD AND ACTIVITY DIARY

A 24 HOUR NOTICE IS REQUIRED FOR ANY SCHEDULE CHANGES TO PREVENT A CANCELLATION FEE.
WEEKLY VISITS ARE MANDATORY. ACCOUNT WILL BE CHARGED EVERY WEEK.
NO RETURN ON FOOD PRODUCTS OR PILLS.

____/____/____Monday

Time	Amount	Food Selection	Cals
		TOTAL CALORIES	

Type of Activity: (10 minutes per circle)

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❍ ❍ ❍
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❍ ❍ ❍

Water: (8 fl ozs per circle)
❍ ❍ ❍ ❍ ❍ ❍ ❍ ❍

____/____/____Tuesday

Time	Amount	Food Selection	Cals
		TOTAL CALORIES	

Type of Activity: (10 minutes per circle)

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Water: (8 fl ozs per circle)
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____/____/____Wednesday

Time	Amount	Food Selection	Cals
		TOTAL CALORIES	

Type of Activity: (10 minutes per circle)

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❍ ❍ ❍
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Water: (8 fl ozs per circle)
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BRING THIS FORM AND PILL BOTTLE TO YOUR NEXT APPOINTMENT - $5.00 CHARGE TO REPLACE PILL BOTTLE

____/____/____ Thursday			____/____/____ Friday			____/____/____ Saturday			____/____/____ Sunday		
Time	**Amount**	**Food Selection**	**Cals**	**Time**	**Amount**	**Food Selection**	**Cals**	**Time**	**Amount**	**Food Selection**	**Cals**
TOTAL CALORIES				**TOTAL CALORIES**				**TOTAL CALORIES**				**TOTAL CALORIES**	
Type of Activity: (10 minutes per circle)				Type of Activity: (10 minutes per circle)				Type of Activity: (10 minutes per circle)				Type of Activity: (10 minutes per circle)	
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Water: (8 fl ozs per circle)				Water: (8 fl ozs per circle)				Water: (8 fl ozs per circle)				Water: (8 fl ozs per circle)	
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