DAY 4 DATE:

FOOD RECORD (Circle Day of Week) Su M T W Th Fr Sa

Time	Foods & Beverage	Amount	Calories	Fruit (Servings)	Vegetable (Servings)
	TOTALS:				

EXERCISE *Today I did _______ minutes of moderate-intensity exercise*

Type of Activity ____

OVERALL FEELING

GREAT GOOD TIRED FRUSTRATED ANGRY SAD FAIR BAD

DAY 3 DATE:

FOOD RECORD (Circle Day of Week) Su M T W Th Fr Sa

Time	Foods & Beverage	Amount	Calories	Fruit (Servings)	Vegetable (Servings)
	TOTALS:				

EXERCISE *Today I did _______ minutes of moderate-intensity exercise*

Type of Activity ____

OVERALL FEELING

GREAT GOOD TIRED FRUSTRATED ANGRY SAD FAIR BAD

DAY 5 DATE:

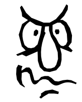
FOOD RECORD (Circle Day of Week) Su M T W Th Fr Sa

Time	Foods & Beverage	Amount	Calories	Fruit (Servings)	Vegetable (Servings)
	TOTALS:				

EXERCISE *Today I did _______ minutes of moderate-intensity exercise*

Type of Activity ____

OVERALL FEELING



GREAT GOOD TIRED FRUSTRATED ANGRY SAD FAIR BAD

DAY 6 DATE:

FOOD RECORD (Circle Day of Week) Su M T W Th Fr Sa

Time	Foods & Beverage	Amount	Calories	Fruit (Servings)	Vegetable (Servings)

	TOTALS:				

EXERCISE *Today I did _____ minutes of moderate-intensity exercise*

Type of Activity _____

OVERALL FEELING

BAD GREAT GOOD TIRED FRUSTRATED ANGRY SAD FAIR

DAY 1 **DATE:**

FOOD RECORD (Circle Day of Week) Su M T W Th Fr Sa

Time	Foods & Beverage	Amount	Calories	Fruit (Servings)	Vegetable (Servings)

	TOTALS:				

EXERCISE *Today I did _____ minutes of moderate-intensity exercise*

Type of Activity _____

OVERALL FEELING

GREAT GOOD TIRED FRUSTRATED ANGRY SAD FAIR BAD

DAY 7 **DATE:**

FOOD RECORD (Circle Day of Week) Su M T W Th Fr Sa

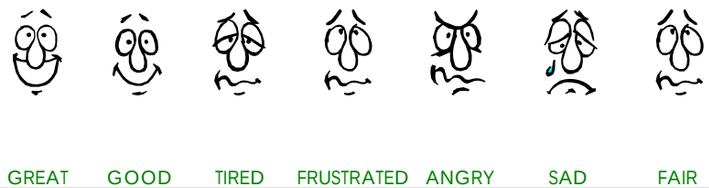
Time	Foods & Beverage	Amount	Calories	Fruit (Servings)	Vegetable (Servings)

	TOTALS:				

EXERCISE *Today I did _____ minutes of moderate-intensity exercise*

Type of Activity _____

OVERALL FEELING



GREAT GOOD TIRED FRUSTRATED ANGRY SAD FAIR BAD

DAY 2 **DATE:**

FOOD RECORD (Circle Day of Week) Su M T W Th Fr Sa

Time	Foods & Beverage	Amount	Calories	Fruit (Servings)	Vegetable (Servings)

	TOTALS:				

EXERCISE *Today I did _____ minutes of moderate-intensity exercise*

Type of Activity _____

OVERALL FEELING

GREAT GOOD TIRED FRUSTRATED ANGRY SAD FAIR BAD

WEEKLY SUMMARY

DATE: _____ through _____

& SUMMARY

Day	Day of Week	Exercise (minutes)	Calories	Fruit (Servings)	Vegetable (Servings)
1					
2					
3					
4					
5					
6					
7					
WEEKLY TOTALS					
WEEKLY TARGET		150 minutes		28 servings	28 servings

Participant ID: Group ID:	Group Session No:	Group Session Date: (MM/DD/YYYY) _ _/_ _/_ _ _ _	Reviewed By:
Check (✓) how many days you kept a food record this week.			0 Days ☐
			1 Day ☐
			2 Days ☐
			3 Days ☐
			4 Days ☐
			5 Days ☐
			6 Days ☐
			7 Days ☐

Food & Fitness Diary

Weight-Wise