

FOOD DIARY/LOG

As part of your health and fitness plan, a 3-day food diary/ log will help assess your nutritional status. Please jot down all of your meals (snacks included) and beverages for 3-consecutive days (see instructions). Remember that your meal and beverage intake during this time have to be what you usually consume. Therefore, do not alter your eating habits (at this time).

After having turned in your food diary to your fitness trainer, he/she can provide you with an overall analysis and assessment of your food intake. However, our fitness trainer scope of practice only allows us to provide this analysis, share our opinions and give you a registered dietician referral.

General instructions:

1. Choose 3-consecutive days that includes a weekend day (i.e. Thursday, Friday, and Saturday or Sunday, Monday and Tuesday).
2. Write your entire calorie intake from the time you wake up to bedtime (including beverages and snacks) for each chosen day.
3. Write the approximate amount of hours you slept the night before.

Serving Size Equivalent Table

| Serving Size | Equivalent |
|--|--|
| ½ ounce of chips, popcorn, or pretzels | The size of a cupped hand |
| 1 ounce of chips, popcorn, or pretzels | A large handful |
| 1 ounce of cheese | The size of two dice |
| 2 ounces of nuts | The size of a cupped hand |
| 3 ounces of cooked meat or poultry | The size of a deck of cards or cassette tape |
| 3 ounces of fish | The size of a checkbook |
| 2 TBS of salad dressing | The size of an ice cube |
| 2 TBS of peanut butter | The size of a golf ball or ping-pong ball |
| ½ cup | The size of the palm of your hand |
| 1 cup | The size of a fist |
| 1 cup of fresh or frozen fruit | The size of a baseball |
| 1 cup of lettuce | 4 leaves from a head of lettuce |
| A regular sized bagel | The size of a hockey puck |
| A medium potato | The size of a computer mouse |

Food Log Daily Tracking

Daily Calorie Budget

| Date | Food Description | Serving Size | Fat | Carbs | Protein | Calories | Where did you eat this food? | What was your mood? Were you truly hungry? |
|-------------------------|------------------|--------------|------------|-----------------|---------|----------|------------------------------|--|
| Breakfast What time? | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Snack What time? | | | | | | | | |
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| Lunch What time? | | | | | | | | |
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| | | | | | | | | |
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| Snack What time? | | | | | | | | |
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| Dinner What time? | | | | | | | | |
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| | | | | | | | | |
| | | | | | | | | |
| Snack What time? | | | | | | | | |
| | | | | | | | | |
| Water | | | | | | | | |
| Total Calories Consumed | | | | | | | | |
| Goal | | | | | | | | |
| Activity Level | | Duration | PRE (0-10) | Calories Burned | | | | |
| Cardiovascular | | | | | | | | |
| | | | | | | | | |
| Resistance Training | | | | | | | | |
| Flexibility | | Stretch: | Yes | No | | | | |
| House work | | | | | | | | |
| Other | | | | | | | | |