

FOOD DIARY – NAME: _____

- Remember the Goals:**
1. Eat foods from the Wholesome Foods List
 2. Two treats per day (individual servings)
 3. Less than 2 hrs. screen time per day
 4. One hr. physical activity almost every day
 5. Everyone in the family participates

	Breakfast	Lunch	Dinner	Water <small>8 glasses/day</small>	Snacks/ Treats	Physical Activity	Screen Time
EXAMPLE	1 cup Cheerios w/ ¾ cup 1% milk; banana	Turkey sandwich low fat cheese/ mayo, romaine, whole wheat bread; carrots	3 oz chicken breast ½ cup steamed veg Sm baked potato w/ fat free sour cream	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	1 cup fruit 12 wheat Thins 2 oz low fat cheese 2 cookies 1 can soda	30 min basketball 15 min walk after dinner 15 min yard tag	1 hour TV program 30 min internet 30 min video game
MONDAY				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
TUESDAY				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
WEDNESDAY				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
THURSDAY				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
FRIDAY				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
SATURDAY				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
SUNDAY				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			