



Daily Food and Exercise Log

Name: _____ Daily Calorie Goal: _____ Date: _____

| Meal | Food & Liquid | Fat Grams | Fat Calories | Carb Grams | Carb Calories | Protein Grams | Protein Calories | Calories Consumed |
|---|---------------|---------------------------|--------------|------------|---------------|---------------|------------------|------------------------|
| BREAKFAST Time: Place: Activity: Mood: | | | | | | | | |
| AM SNACK Time: Place: Activity: Mood: | | | | | | | | |
| LUNCH Time: Place: Activity: Mood: | | | | | | | | |
| AFTERNOON SNACK Time: Place: Activity: Mood: | | | | | | | | |
| DINNER Time: Place: Activity: Mood: | | | | | | | | |
| PM SNACK Time: Place: Activity: Mood: | | | | | | | | |
| DAILY TOTALS | | | | | | | | |
| Exercise | | Activity Performed | | | | | | Calories Burned |
| Time: Minutes: Intensity: | | | | | | | | |

Note: Please check with your doctor or a registered dietician (RD) to determine what your appropriate daily calorie intake should be based on your weight management goals.

Directions:

- List the time you eat and the amount of all food and drink consumed.
- List observations about where you are eating (kitchen table, movies, etc.), any activity you may be doing while eating (driving, watching TV, etc.) and your mood when you are eating (rushed, sad, stressed, etc.).
- List grams and calories of fat, carbohydrate and protein, as well as total calories from packaged foods. Remember to consider the serving size on the package. If you have 2 servings, multiply by 2. If you have half a serving cut it in half.
- List the time you exercise, length of activity, intensity level (light, moderate, heavy), the activity performed, and calories burned, if known.



Visit our Healthy Living page at www.healthnetfederalservices.com

PROVIDED BY HEALTH NET FEDERAL SERVICES Preventive Care Services



Health Net
Federal Services