Food and Exercise Record

Week of _____

MONDAY

Breakfast:	Hunger Scale	Lunch:	Hunger Scale	Dinner:
Snack:		Snack:		Snack:

_____ Grain: ❑ ❑ ❑ ❑ ❑ ❑ ❑ ❑ ❑ ❑
_____ Dairy: ❑ ❑ ❑ ❑ ❑
_____ Fruit: ❑ ❑ ❑ ❑ ❑
_____ Veggies: ❑ ❑ ❑ ❑ ❑ ❑
_____ Protein: ❑ ❑ ❑ ❑ ❑ ❑ ❑ ❑
_____ Fat: ❑ ❑ ❑
Water: _____ cups of water _____ Treats: ❍ ❍
_____ Minutes of Exercise
Type: _____

TUESDAY

Breakfast:	Hunger Scale	Lunch:	Hunger Scale	Dinner:
Snack:		Snack:		Snack:

_____ Grain: ❑ ❑ ❑ ❑ ❑ ❑ ❑ ❑ ❑ ❑
_____ Dairy: ❑ ❑ ❑ ❑ ❑
_____ Fruit: ❑ ❑ ❑ ❑ ❑
_____ Veggies: ❑ ❑ ❑ ❑ ❑ ❑
_____ Protein: ❑ ❑ ❑ ❑ ❑ ❑ ❑ ❑
_____ Fat: ❑ ❑ ❑
Water: _____ cups of water _____ Treats: ❍ ❍
_____ Minutes of Exercise
Type: _____

WEDNESDAY

Breakfast:	Hunger Scale	Lunch:	Hunger Scale	Dinner:
Snack:		Snack:		Snack:

_____ Grain: ❑ ❑ ❑ ❑ ❑ ❑ ❑ ❑ ❑ ❑
_____ Dairy: ❑ ❑ ❑ ❑ ❑
_____ Fruit: ❑ ❑ ❑ ❑ ❑
_____ Veggies: ❑ ❑ ❑ ❑ ❑ ❑
_____ Protein: ❑ ❑ ❑ ❑ ❑ ❑ ❑ ❑
_____ Fat: ❑ ❑ ❑
Water: _____ cups of water _____ Treats: ❍ ❍
_____ Minutes of Exercise
Type: _____

THURSDAY

Breakfast:	Hunger Scale	Lunch:	Hunger Scale	Dinner:
Snack:		Snack:		Snack:

_____ Grain: ❑ ❑ ❑ ❑ ❑ ❑ ❑ ❑ ❑ ❑
_____ Dairy: ❑ ❑ ❑ ❑ ❑
_____ Fruit: ❑ ❑ ❑ ❑ ❑
_____ Veggies: ❑ ❑ ❑ ❑ ❑ ❑
_____ Protein: ❑ ❑ ❑ ❑ ❑ ❑ ❑ ❑
_____ Fat: ❑ ❑ ❑
Water: _____ cups of water _____ Treats: ❍ ❍
_____ Minutes of Exercise
Type: _____

Food and Exercise Record

Week of _____

FRIDAY

Breakfast:	Hunger Scale	Lunch:	Hunger Scale	Dinner:
Snack:		Snack:		Snack:

____ Grain: ❑ ❑ ❑ ❑ ❑ ❑ ❑ ❑ ❑ ❑
____ Dairy: ❑ ❑ ❑ ❑ ❑
____ Fruit: ❑ ❑ ❑ ❑ ❑
____ Veggies: ❑ ❑ ❑ ❑ ❑ ❑
____ Protein: ❑ ❑ ❑ ❑ ❑ ❑ ❑ ❑
____ Fat: ❑ ❑ ❑
Water: ____ cups of water ____ Treats: ❍ ❍
____ Minutes of Exercise
Type: _____

SATURDAY

Breakfast:	Hunger Scale	Lunch:	Hunger Scale	Dinner:
Snack:		Snack:		Snack:

____ Grain: ❑ ❑ ❑ ❑ ❑ ❑ ❑ ❑ ❑ ❑
____ Dairy: ❑ ❑ ❑ ❑ ❑
____ Fruit: ❑ ❑ ❑ ❑ ❑
____ Veggies: ❑ ❑ ❑ ❑ ❑ ❑
____ Protein: ❑ ❑ ❑ ❑ ❑ ❑ ❑ ❑
____ Fat: ❑ ❑ ❑
Water: ____ cups of water ____ Treats: ❍ ❍
____ Minutes of Exercise
Type: _____

SUNDAY

Breakfast:	Hunger Scale	Lunch:	Hunger Scale	Dinner:
Snack:		Snack:		Snack:

____ Grain: ❑ ❑ ❑ ❑ ❑ ❑ ❑ ❑ ❑ ❑
____ Dairy: ❑ ❑ ❑ ❑ ❑
____ Fruit: ❑ ❑ ❑ ❑ ❑
____ Veggies: ❑ ❑ ❑ ❑ ❑ ❑
____ Protein: ❑ ❑ ❑ ❑ ❑ ❑ ❑ ❑
____ Fat: ❑ ❑ ❑
Water: ____ cups of water ____ Treats: ❍ ❍
____ Minutes of Exercise
Type: _____

WEEKLY GOAL PLANNER

✓If Goal is Achieved

❑ Eating Behavior: _____
❑ Body Image/Self Esteem: _____
❑ Attitudes/Feelings: _____
❑ Nutrition Quality: _____

❑ Exercise Activity: _____
❑ Eating Out/Social Event: _____
❑ Relaxation/Stress: _____

Hunger Scale:

0	1	2	3	3.5	4	5	6	6.5	7	8	9	10
Empty	Ravenous	Set		Pangs		Neutral		Satisfied		Full	Stuffed	Sick

ThedaCare™ At Work

PS9080 Rev. 4/16 ThedaCare Print Center