

Live It!

Legacy Health



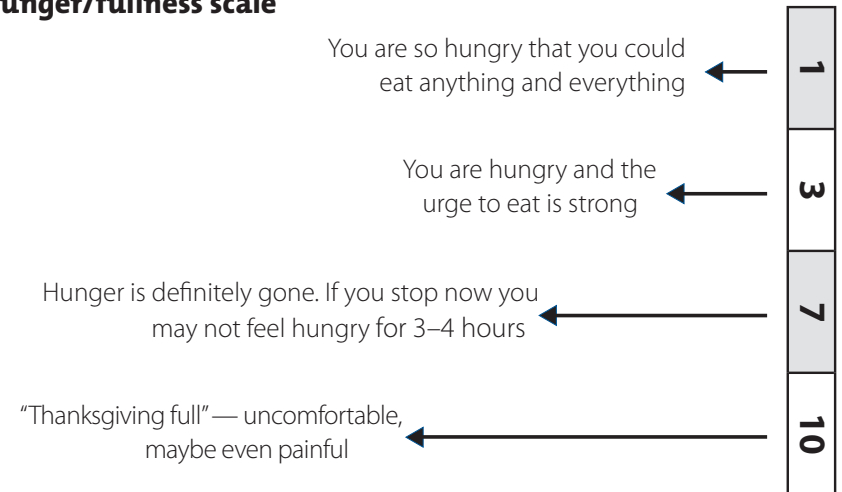
What is a serving?

<i>This amount of food...</i>	<i>Looks like...</i>
small baked potato	computer mouse
3 oz. of meat, poultry or fish	deck of cards or computer mouse
1-1/2 oz. cheese	six dice
1 oz. meat	match box
3 oz. of grilled fish	checkbook
½ cup of pasta, rice, cooked vegetables or cooked cereal	cupcake wrapper
1 cup of greens	tennis ball
Medium apple or orange	baseball (hardball)
1 oz. of cheese	four dice or a tube of lipstick
1 tsp. margarine or butter	tip of a thumb
2 Tbsp. peanut butter	ping pong ball
1 tortilla	small, 7-inch plate
1 pancake or waffle	4-inch CD
1 4-inch bagel	hockey puck

Perceived exertion (physical activity)

6	No exertion at all
7	Extremely light
8	
9	Very light
10	
11	Fairly light
12	
13	Somewhat hard
14	
15	Hard
16	
17	Very hard
18	
19	Extremely hard
20	Maximum exertion

Hunger/fullness scale



Mood column:

This column can be used to take note of your emotions, mood or feelings before, during or after a meal.

For some participants, keeping track of stress level in this column could be helpful (1–10).

For others, keeping track of other factors could be helpful (angry, frustrated, lonely, bored, tired, etc.).

Check in with yourself

- 1) How hungry am I? (see hunger scale above)
- 2) How is my mood? Am I physically hungry or is it “head hunger”?
Am I trying to make myself feel better with food?
- 3) Would I want to eat this food if it weren’t in front of me?
- 4) How did this food make me feel the last time I ate it?
- 5) Is there something else that I could do that would take care of what I really need?
Am I just bored? Or does my body need food right now?
- 6) Does eating now fit with my goals for my body and health?

Food and activity guide

Day: _____

Date: _____

Time	Amount	Food	Calories	Mood	

Activity	Minutes	Estimated calories burned

Comments

Day: _____

Date: _____

Time	Amount	Food	Calories	Mood	

Activity	Minutes	Estimated calories burned

Comments

Day: _____

Date: _____

Time	Amount	Food	Calories	Mood	

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Comments _____

Day: _____

Date: _____

Time	Amount	Food	Calories	Mood	

Activity	Minutes	Estimated calories burned

Comments

Daily totals

Day	Date	Calories eaten	Minutes of exercise	Calories burned		
1						
2						
3						
4						
5						
6						
7						
Week's totals						
Daily averages						

Plan for next week: _____

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