

Food/Activity Log • Legacy Weight and Diabetes Institute



Date (mm/dd/yyyy):							
Weight:							
Change in weight (+/-)							
Completed homework	☐ none ☐ partial ☐ all	☐ none ☐ partial ☐ all	☐ none ☐ partial ☐ all	☐ none ☐ partial ☐ all	☐ none ☐ partial ☐ all	☐ none ☐ partial ☐ all	☐ none ☐ partial ☐ all
Food and activity records	☐ none ☐ partial ☐ all	☐ none ☐ partial ☐ all	☐ none ☐ partial ☐ all	☐ none ☐ partial ☐ all	☐ none ☐ partial ☐ all	☐ none ☐ partial ☐ all	☐ none ☐ partial ☐ all
Type of physical activity							
Total minutes past week							
Calories burned							
Rate your consistency on a 0 – 10 scale with behaviors listed below: 0 = never, 3 = rarely, 5 = sometimes, 7 = most of the time, 10 = all the time.							
My thoughts about my health and weight are positive							
I eat out less than 2 times per week							
I eat breakfast daily							
I am mindful of portions (meals and snacks)							
I eat at regular intervals throughout the day							
I limit fried/fatty foods							
I pay attention to hunger and fullness							
Sweets, including drinks, are less than 200 calories per day							
I eat 5 servings fruit/vegetables daily							
Stress level: 0 = none to 10 = highest							
What went well?							
What was challenging?							
What is one specific thing you will focus on next week?							