

Daily Food and Beverage Log

Date: ____ / ____ / ____ Weight: ____

Meal or Snack	Food and Beverage	Amount Eaten	Calories	Notes (e.g., hunger level, amount of fiber)
Breakfast Time:				
Snack Time:				
Lunch Time:				
Snack Time:				
Dinner Time:				
Snack Time:				

Weight Management Behaviors

Date: ____ / ____ / ____ Weight: ____

Sleep: Check off the pillow if you got six to eight hours of sleep last night.



Fruits and vegetables: Check off a vegetable or fruit for each serving you ate today. Goal is five or more!



Breakfast: Check off the bowl if you ate breakfast today (anything you eat for breakfast counts!).



Stress: Check off the sticky note if you did at least one activity to help relieve stress today.



Physical activity: Check off one shoe for each 10 minutes of activity you completed today. Goal is at least 30 minutes!



Remember to track your weight management behaviors and activities online via the link at heartsbeatback.org/loseit to be eligible for monthly prize drawings!