Eating and Activity Inventory

Day/Date: _____					Food Quantity by Category						Discretionary Calorie Quantities			Physical Activity
Time of Day	Food or Beverage	Amount	How Prepared?	Hunger Rating / Why I Ate	Veg	Fruit	Grain	Dairy	Lean Meat, Beans, Protein	Oils	Solid Fat	Added Sugar	Alcohol	Moderate / Vigorous
Totals of Food Categories – Amt. Consumed (Or minutes of activity)														
Recommended Amounts from USDA Food Guide for my calorie level														
Recommended Amount of activity for my weight management goal														
Amount More or Less Needed to Meet Recommendations														
Note: c = cups, oz-eq. = ounce equivalents, g = grams														