



# DIET/ACTIVITY CALENDAR

NAME \_\_\_\_\_

Week of \_\_\_\_\_

*Date Day Date Day Date Day Date Day Date Day Date Day Date Day*

<i>MEAL/ACTIVITY</i>														
<b>Morning Meal</b>														
<b>ADDT'L MEAL/SNACK</b>														
<b>Noon Meal</b>														
<b>ADDT'L MEAL/SNACK</b>														
<b>Evening Meal</b>														
<b>ADDT'L MEAL/SNACK</b>														
<b>WATER</b> Eight (12 oz. Glasses/Day)														
<b>CONDIMENTS*</b>														
<b>SUPPLEMENTS</b> (Times taken)														
<b>TYPE OF EXERCISE</b>														
<b>DURATION</b>														
<b>PEDOMETER</b> <i>* see explanation for proper walking calculations on back</i>	Purposeful/Aerobic Walking _____	Purposeful/Aerobic Walking _____	Purposeful/Aerobic Walking _____	Purposeful/Aerobic Walking _____	Purposeful/Aerobic Walking _____	Purposeful/Aerobic Walking _____	Purposeful/Aerobic Walking _____	Purposeful/Aerobic Walking _____	Purposeful/Aerobic Walking _____	Purposeful/Aerobic Walking _____	Purposeful/Aerobic Walking _____	Purposeful/Aerobic Walking _____	Purposeful/Aerobic Walking _____	Purposeful/Aerobic Walking _____
	Routine Walking/Activity _____	Routine Walking/Activity _____	Routine Walking/Activity _____	Routine Walking/Activity _____	Routine Walking/Activity _____	Routine Walking/Activity _____	Routine Walking/Activity _____	Routine Walking/Activity _____	Routine Walking/Activity _____	Routine Walking/Activity _____	Routine Walking/Activity _____	Routine Walking/Activity _____	Routine Walking/Activity _____	Routine Walking/Activity _____
	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total
<b>RELAXATION</b>														

Please complete the above chart carefully and accurately. List in detail the quantity and the exact nature of all food and beverages consumed (frozen, canned, fresh, raw or cooked.) **\*Condiments are considered any additional ingredients, dry or liquid such as herbs, spices, dressings, or mayonnaise. Only those indicated on your food list should be consumed.** Include your exercise activities, listing the type of exercise, it's duration and your pulse before and during exercising. Record your total steps and mileage from your pedometer. Also record any periods of relaxation/meditation.

## ***PEDOMETER***

**Purposeful walking** is focused activity, for example; “I’m going for my walk” or other exercise activity goals for the day. **Purposeful walking** will be discussed and monitored in your weekly healthcoach session. **Aerobic steps**, calculated by your pedometer, occur or are tabulated after 10 minutes of purposeful walking.

**Routine walking activities** are performed throughout your day. For example, at your work place, shopping at the mall, retrieving the mail, etc. Routine walking activities are an important part of your total daily activity.

*Keep track of your Purposeful Walking (distance rather than steps) separately from your Routine Walking throughout your day. Total each separately and notate both totals on the other side of the sheet.*

### **DISTANCE/MILES - EXAMPLE**

Purposeful Walking	5.1
Routine Walking	1.73
 Total distance for the day	 6.83

Date/Day	Date/Day	Date/Day	Date/Day	Date/Day	Date/Day	Date/Day
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
Total _____	Total _____	Total _____	Total _____	Total _____	Total _____	Total _____