

Food & Activity Record

online care group

Date: _____

Time/Meal	Food/Beverage (Type and Amount)	Calories (Optional)	Feelings (During the meal were you stressed, bored, happy, etc.?)	Notes
Breakfast				
Snack				
Lunch				
Snack				
Dinner				
Snack				
Physical Activity (Type and Duration)				
	Total Calories: _____			