MOVE! Weight Management Program for Veterans

VETERAN FOOD AND PHYSICAL ACTIVITY LOG

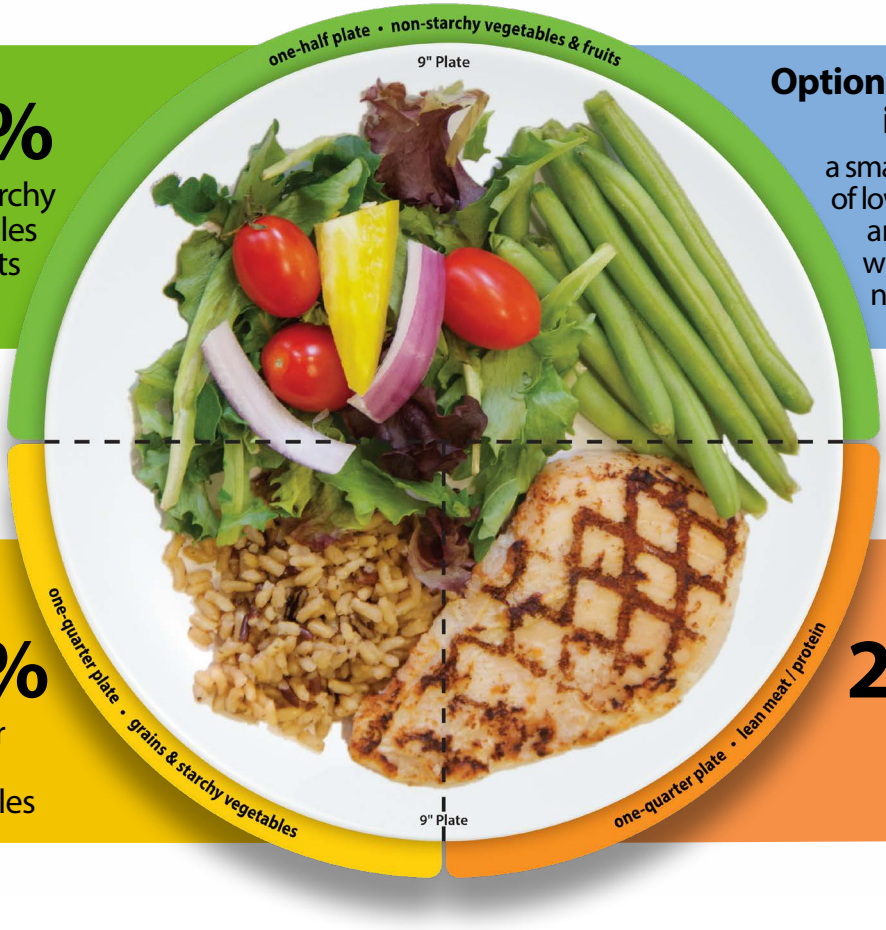
MOVE!®

VA | U.S. Department of Veterans Affairs
Veterans Health Administration

My Healthy Plate

Use these guidelines to measure "how healthy is my plate?" Choose vegetables, whole grains, low-fat dairy products, fruits, and lean protein. Eating from all food groups helps make sure you get all the nutrients you need.

If you are concerned about changing your diet or increasing your physical activity talk to your MOVE! care team and your Primary Care Provider to develop a plan that is specialized for you.



50%
Non-Starchy Vegetables and Fruits

Optional items include:
a small amount of low-fat dairy and a drink with little or no calories.

25%
Starch or Starchy Vegetables

25%
Protein

Rate of Perceived Exertion Chart

You can use the RPE chart to rate how hard you are exercising. Cardio activities should be done at levels 4-8, or moderate to vigorous. Strength activities should be done at levels 7-9, or vigorous to very hard.

10	**MAX EFFORT ACTIVITY**	Feels almost impossible to keep going. Completely out of breath/unable to talk.
9	**VERY HARD ACTIVITY**	Very difficult to maintain exercise intensity. Can barely breathe or speak a single word.
7-8	**VIGOROUS ACTIVITY**	On the verge of becoming uncomfortable. Short of breath/can speak a sentence.
4-6	**MODERATE ACTIVITY**	Feels like you can exercise for hours. Breathing heavily/can have a short conversation.
2-3	**LIGHT ACTIVITY**	Feels like you can maintain for hours. Easy to breathe and have a conversation.
1	**VERY LIGHT ACTIVITY**	Anything other than sleeping. For example, watching TV, riding in a car.

Approximate Calorie Content of Common Foods

Fruit: 60 calories per serving	Serving Size
Apple, Orange, Peach, Pear, raw (small)	1 (3 oz)
Applesauce (no sugar added)	½ cup
Apricots, dried	8 halves
Banana (medium)	½
Berries (blackberries or blueberries)	¾ cup
Cantaloupe or honeydew melon	1 cup
Cherries	12
Canned fruit, in **light** syrup or juice	½ cup
Dates	3
Fruit Cocktail	½ cup
Grapefruit (medium)	½
Grapes (small)	15
Kiwi (large)	1
Mandarin oranges	¾ cup
Mango, fresh (small)	½
Papaya	1 cup
Pineapple, fresh	¾ cup
Plums, raw (small 2" diameter)	2
Raisins	2 Tbsp
Watermelon	1 cup
100% Juice (apple, orange, pineapple)	½ cup
100% Juice (cranberry, grape, or prune)	⅓ cup

Vegetables: 25 calories per serving | Serving Size: 1 cup raw or ½ cup cooked

- Asparagus
- Beans (green, waxed, snap, Italian)
- Bean sprouts
- Beets
- Brussels sprouts
- Broccoli
- Cabbage
- Carrots
- Cauliflower
- Celery
- Cucumber
- Eggplant
- Greens
- Lettuce
- Mushrooms
- Okra
- Onion
- Pea pods
- Peppers
- Radishes
- Sauerkraut
- Spinach
- Squash, summer
- Tomatoes
- Zucchini

Milk & Milk Products:	
Low-Fat Milk Products (90-110 calories per serving)	**Serving Size**
Skim, ½% or 1% milk	8 ounces
Low-fat or fat-free soy milk	8 ounces
Buttermilk, low-fat	8 ounces
Yogurt (non-fat, artificially sweetened)	8 ounces
Reduced-Fat Milk Products (120-150 calories per serving)	**Serving Size**
2% milk	8 ounces
Regular soy milk	8 ounces
Yogurt (low-fat, artificially sweetened)	8 ounces
Whole Milk Products (150-170 calories per serving)	**Serving Size**
Whole milk	8 ounces
Goat's milk	8 ounces
Yogurt (whole milk, regular or plan)	8 ounces

Fats: 45 calories per serving	
Unsaturated Fats	**Serving Size**
Avocado	2 Tbsp
Nuts (almonds, cashews, peanuts)	6-10 nuts
Margarine	regular (1 tsp), lite (1 Tbsp)
Mayonnaise	regular (1 tsp), lite (1 Tbsp)
Salad dressing	regular (1 Tbsp), lite (2 Tbsp)
Oil (canola, corn, peanut, olive)	1 tsp
Olives, black	8 large
Seeds (pumpkin, sunflower, sesame)	1 Tbsp
Saturated Fats	**Serving Size**
Bacon	1 slice
Butter	1 tsp
Chicken, pork or beef fat, lard	1 tsp
Cream, half & half or whipped	2 Tbsp
Cream, heavy	1 Tbsp
Cream cheese	regular (1 Tbsp), light (1 ½ Tbsp)
Sour cream	regular (2 Tbsp), light (3 Tbsp)
Non-dairy creamer	liquid (1 Tbsp), powdered (4 tsp)

Meat & Meat Substitutes: 35-100+ calories per serving	
Low Fat (35-55 calories per serving)	**Serving Size**
Beans or peas, dried, cooked	¼ cup
Cheese (fat-free or low-fat)	1 ounce
Chicken or turkey, skin removed	1 ounce
Cottage cheese (fat free or low-fat)	¼ cup
Egg substitutes, plain	¼ cup
Egg whites	2
Fish, with no added fat (fresh or frozen)	1 ounce
Game (skinless duck, pheasant, venison)	1 ounce
Lean beef: (>90% lean ground; round or loin steak)	1 ounce
Lean pork (ham, loin chop, tenderloin)	1 ounce
Shellfish (clams, crab, lobster, shrimp)	1 ounce
Tuna or salmon, canned in water or oil	¼ cup
Medium Fat (75 calories per serving)	**Serving Size**
Beef (ground, prime trimmed of fat, ribs)	1 ounce
Cheese (reduced-fat)	1 ounce
Edamame	½ cup
Egg	1 large
Fish, fried	1 ounce
Lamb (ground, rib roast)	1 ounce
Pork (cutlet or shoulder roast)	1 ounce
Refried beans, canned	½ cup
Tofu	½ cup
High Fat (100 calories per serving)	**Serving Size**
Turkey bacon	3 slices
Pork bacon	2 slices
Baked beans, with pork, canned	½ cup
Cheese (regular)	1 ounce
Hot dog (regular)	1
Peanut Butter	2 Tbsp
Pork (ground, sausage, spareribs)	1 ounce

Starches & Grains: 80 calories per serving	
Cereals, Grains & Pasta	**Serving Size**
Cereal, cooked (oatmeal, cream of wheat)	½ cup
Cereal, dry	see label
Rice, cooked (white, brown)	⅓ cup
Pasta, cooked (all kinds)	½ cup
Starchy Vegetables	**Serving Size**
Beans, cooked or canned (all kinds)	⅓ cup
Corn, cooked or canned	½ cup
Peas (green), cooked or canned	½ cup
Potato, baked	1 small (3 oz)
Potato (boiled or steamed), dumplings	½ cup
Spaghetti or pasta sauce	½ cup
Squash (acorn, butternut, hubbard)	1 cup
Yam or sweet potato	½ cup
Breads	**Serving Size**
Bread (white, wheat, rye)	1 slice
Bagel	½ small
Bun or roll (hamburger, hotdog, Kaiser)	½
Roll (dinner, hard)	1 small
English muffin (white or wheat)	½
Pita pocket bread (6 to 8-inches across)	½
Tortilla (6-inches), corn or flour	1
Crackers & Snacks	**Serving Size**
Graham crackers (squares)	3
Crackers	see label
Pretzels (hard)	¾ oz
Popcorn (light or air popped)	3 cups
Starches and Breads with fat (125-150 calories per serving)	**Serving Size**
Biscuit (2 ½ inches)	1
Chips (corn, taco, or tortilla)	1 oz
Chips (potato)	10-15
Refried beans, canned	⅓ cup
Rice (fried, Spanish)	½ cup

FOOD & ACTIVITY LOG

Instructions:

List **ALL** food and drinks that you had each day on the food/beverage log. Also, track any physical activity you did, of at least a moderate intensity, that lasted 10 minutes or longer.

Weekly Weigh-In:

Day 1 _____ Day 2 _____ Day 3 _____ Day 4 _____

Day 5 _____ Day 6 _____ Day 7 _____

My Healthy Eating Goal:

My Physical Activity Goal:

Weekly Reflections or Questions:

Week 1 Day 1	Day/Date:
Food/Beverage:	
Physical Activity:	

FOOD & ACTIVITY LOG

Week 1 Day 2	Day/Date:
Food/Beverage:	
Physical Activity:	

Week 1 Day 3	Day/Date:
Food/Beverage:	
Physical Activity:	

FOOD & ACTIVITY LOG

Week 1 Day 4	Day/Date:
Food/Beverage:	
Physical Activity:	

Week 1 Day 5	Day/Date:
Food/Beverage:	
Physical Activity:	

FOOD & ACTIVITY LOG

Week 1 Day 6	Day/Date:
Food/Beverage:	
Physical Activity:	

Week 1 Day 7	Day/Date:
Food/Beverage:	
Physical Activity:	

FOOD & ACTIVITY LOG

Instructions:

List **ALL** food and drinks that you had each day on the food/beverage log. For each item, include how much you ate. Also, track any physical activity you did, of at least a moderate intensity, and how many minutes you were active.

Weekly Weigh-In:

Day 1 _____ Day 2 _____ Day 3 _____ Day 4 _____

Day 5 _____ Day 6 _____ Day 7 _____

My Healthy Eating Goal:

My Physical Activity Goal:

Weekly Reflections or Questions:

Week 2 Day 1	Day/Date:
Food/Beverage:	Amount:
Physical Activity:	Minutes:

FOOD & ACTIVITY LOG

Week 2 Day 2	Day/Date:
Food/Beverage:	Amount:
Physical Activity:	Minutes:

Week 2 Day 3	Day/Date:
Food/Beverage:	Amount:
Physical Activity:	Minutes:

FOOD & ACTIVITY LOG

Week 2 Day 4	Day/Date:
Food/Beverage:	Amount:
Physical Activity:	Minutes:

Week 2 Day 5	Day/Date:
Food/Beverage:	Amount:
Physical Activity:	Minutes:

FOOD & ACTIVITY LOG

Week 2 Day 6	Day/Date:
Food/Beverage:	Amount:
Physical Activity:	Minutes:

Week 2 Day 7	Day/Date:
Food/Beverage:	Amount:
Physical Activity:	Minutes:

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List **ALL** food and drinks that you had each day on the food/beverage log. For each item, include the time you ate, amount, and calories. Also, track any physical activity you did, of at least a moderate intensity, and how many minutes you were active.

Weekly Weigh-In:

Day 1 _____ Day 2 _____ Day 3 _____ Day 4 _____

Day 5 _____ Day 6 _____ Day 7 _____

My Healthy Eating Goal:

My Physical Activity Goal:

Weekly Reflections or Questions:

Week 3 Day 1	Day/Date:		
Time:	Food/Beverage:	Amount:	Calories:
Physical Activity:			Minutes:

FOOD & ACTIVITY LOG

Week 3 Day 2	Day/Date:		
Time:	Food/Beverage:	Amount:	Calories:
Physical Activity:			Minutes:

Week 3 Day 3	Day/Date:		
Time:	Food/Beverage:	Amount:	Calories:
Physical Activity:			Minutes:

FOOD & ACTIVITY LOG

Week 3 Day 4	Day/Date:		
Time:	Food/Beverage:	Amount:	Calories:
Physical Activity:			Minutes:

Week 3 Day 5	Day/Date:		
Time:	Food/Beverage:	Amount:	Calories:
Physical Activity:			Minutes:

FOOD & ACTIVITY LOG

Week 3 Day 6	Day/Date:		
Time:	Food/Beverage:	Amount:	Calories:
Physical Activity:			Minutes:

Week 3 Day 7	Day/Date:		
Time:	Food/Beverage:	Amount:	Calories:
Physical Activity:			Minutes:

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Day 1 _____ Day 2 _____ Day 3 _____ Day 4 _____

Day 5 _____ Day 6 _____ Day 7 _____

My Healthy Eating Goal:

My Physical Activity Goal:

Weekly Reflections or Questions:

Week 4 Day 1	Day/Date:		
Time:	Food/Beverage:	Amount:	Calories:
Physical Activity:			Minutes:

FOOD & ACTIVITY LOG

Week 4 Day 2	Day/Date:		
Time:	Food/Beverage:	Amount:	Calories:
Physical Activity:			Minutes:

Week 4 Day 3	Day/Date:		
Time:	Food/Beverage:	Amount:	Calories:
Physical Activity:			Minutes:

FOOD & ACTIVITY LOG

Week 4 Day 4	Day/Date:		
Time:	Food/Beverage:	Amount:	Calories:
Physical Activity:			Minutes:

Week 4 Day 5	Day/Date:		
Time:	Food/Beverage:	Amount:	Calories:
Physical Activity:			Minutes:

FOOD & ACTIVITY LOG

Week 4 Day 6	Day/Date:		
Time:	Food/Beverage:	Amount:	Calories:
Physical Activity:			Minutes:

Week 4 Day 7	Day/Date:		
Time:	Food/Beverage:	Amount:	Calories:
Physical Activity:			Minutes:

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Weekly Weigh-In:

Day 1 _____ Day 2 _____ Day 3 _____ Day 4 _____

Day 5 _____ Day 6 _____ Day 7 _____

My Healthy Eating Goal:

My Physical Activity Goal:

Weekly Reflections or Questions:

Week 5 Day 1	Day/Date:			
Time:	Food/Beverage:	Amount:	Calories:	Mood/Feelings:
Physical Activity:			Minutes:	RPE Intensity:

FOOD & ACTIVITY LOG

Week 5 Day 2	Day/Date:			
Time:	Food/Beverage:	Amount:	Calories:	Mood/Feelings:
Physical Activity:			Minutes:	RPE Intensity:

Week 5 Day 3	Day/Date:			
Time:	Food/Beverage:	Amount:	Calories:	Mood/Feelings:
Physical Activity:			Minutes:	RPE Intensity:

FOOD & ACTIVITY LOG

Week 5 Day 4	Day/Date:			
Time:	Food/Beverage:	Amount:	Calories:	Mood/Feelings:
Physical Activity:			Minutes:	RPE Intensity:

Week 5 Day 5	Day/Date:			
Time:	Food/Beverage:	Amount:	Calories:	Mood/Feelings:
Physical Activity:			Minutes:	RPE Intensity:

FOOD & ACTIVITY LOG

Week 5 Day 6	Day/Date:			
Time:	Food/Beverage:	Amount:	Calories:	Mood/Feelings:
Physical Activity:			Minutes:	RPE Intensity:

Week 5 Day 7	Day/Date:			
Time:	Food/Beverage:	Amount:	Calories:	Mood/Feelings:
Physical Activity:			Minutes:	RPE Intensity:

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Day 5 _____ Day 6 _____ Day 7 _____

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Weekly Reflections or Questions:

Week 6 Day 1	Day/Date:			
Time:	Food/Beverage:	Amount:	Calories:	Mood/Feelings:
Physical Activity:			Minutes:	RPE Intensity:

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Week 6 Day 2	Day/Date:			
Time:	Food/Beverage:	Amount:	Calories:	Mood/Feelings:
Physical Activity:			Minutes:	RPE Intensity:

Week 6 Day 3	Day/Date:			
Time:	Food/Beverage:	Amount:	Calories:	Mood/Feelings:
Physical Activity:			Minutes:	RPE Intensity:

FOOD & ACTIVITY LOG

Week 6 Day 4	Day/Date:			
Time:	Food/Beverage:	Amount:	Calories:	Mood/Feelings:
Physical Activity:			Minutes:	RPE Intensity:

Week 6 Day 5	Day/Date:			
Time:	Food/Beverage:	Amount:	Calories:	Mood/Feelings:
Physical Activity:			Minutes:	RPE Intensity:

FOOD & ACTIVITY LOG

Week 6 Day 6	Day/Date:			
Time:	Food/Beverage:	Amount:	Calories:	Mood/Feelings:
Physical Activity:			Minutes:	RPE Intensity:

Week 6 Day 7	Day/Date:			
Time:	Food/Beverage:	Amount:	Calories:	Mood/Feelings:
Physical Activity:			Minutes:	RPE Intensity:

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Weekly Weigh-In:

Day 1 _____ Day 2 _____ Day 3 _____ Day 4 _____

Day 5 _____ Day 6 _____ Day 7 _____

My Healthy Eating Goal:

My Physical Activity Goal:

Weekly Reflections or Questions:

Week 7 Day 1	Day/Date:			
Time:	Food/Beverage:	Amount:	Calories:	Mood/Feelings:
Physical Activity:			Minutes:	RPE Intensity:

FOOD & ACTIVITY LOG

Week 7 Day 2	Day/Date:			
Time:	Food/Beverage:	Amount:	Calories:	Mood/Feelings:
Physical Activity:			Minutes:	RPE Intensity:

Week 7 Day 3	Day/Date:			
Time:	Food/Beverage:	Amount:	Calories:	Mood/Feelings:
Physical Activity:			Minutes:	RPE Intensity:

FOOD & ACTIVITY LOG

Week 7 Day 4	Day/Date:			
Time:	Food/Beverage:	Amount:	Calories:	Mood/Feelings:
Physical Activity:			Minutes:	RPE Intensity:

Week 7 Day 5	Day/Date:			
Time:	Food/Beverage:	Amount:	Calories:	Mood/Feelings:
Physical Activity:			Minutes:	RPE Intensity:

FOOD & ACTIVITY LOG

Week 7 Day 6	Day/Date:			
Time:	Food/Beverage:	Amount:	Calories:	Mood/Feelings:
Physical Activity:			Minutes:	RPE Intensity:

Week 7 Day 7	Day/Date:			
Time:	Food/Beverage:	Amount:	Calories:	Mood/Feelings:
Physical Activity:			Minutes:	RPE Intensity:

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Weekly Weigh-In:

Day 1 _____ Day 2 _____ Day 3 _____ Day 4 _____

Day 5 _____ Day 6 _____ Day 7 _____

My Healthy Eating Goal:

My Physical Activity Goal:

Weekly Reflections or Questions:

Week 8 Day 1	Day/Date:			
Time:	Food/Beverage:	Amount:	Calories:	Mood/Feelings:
Physical Activity:			Minutes:	RPE Intensity:

FOOD & ACTIVITY LOG

Week 8 Day 2	Day/Date:			
Time:	Food/Beverage:	Amount:	Calories:	Mood/Feelings:
Physical Activity:			Minutes:	RPE Intensity:

Week 8 Day 3	Day/Date:			
Time:	Food/Beverage:	Amount:	Calories:	Mood/Feelings:
Physical Activity:			Minutes:	RPE Intensity:

FOOD & ACTIVITY LOG

Week 8 Day 4	Day/Date:			
Time:	Food/Beverage:	Amount:	Calories:	Mood/Feelings:
Physical Activity:			Minutes:	RPE Intensity:

Week 8 Day 5	Day/Date:			
Time:	Food/Beverage:	Amount:	Calories:	Mood/Feelings:
Physical Activity:			Minutes:	RPE Intensity:

FOOD & ACTIVITY LOG

Week 8 Day 6	Day/Date:			
Time:	Food/Beverage:	Amount:	Calories:	Mood/Feelings:
Physical Activity:			Minutes:	RPE Intensity:

Week 8 Day 7	Day/Date:			
Time:	Food/Beverage:	Amount:	Calories:	Mood/Feelings:
Physical Activity:			Minutes:	RPE Intensity:

Keys to Weight Management Success:

Making a commitment to your weight management goals is critical to success.

- Identify your reasons for wanting to lose weight.
- Set goals that you can reach.
- Eat wisely to cut extra calories.
- Be physically active to improve your health.
- Make lifestyle changes that you can maintain.
- Weigh yourself at least weekly—daily is best.
- Keep a daily record of what you eat and your physical activity.
- Ask your family, friends, and MOVE! team for the support you need.
- Make other life changes to help reach and maintain your desired weight.
- **Celebrate your success!**

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