SHAPE Program Food Diary

Date: _____ Weight: _____

	Breakfast	AM Snack	Lunch	PM Snack	Dinner	Evening Snack
Time						
Vegetable ☐☐☐☐						
Protein ☐☐☐☐						
Fruit ☐☐☐						
Crackers ☐☐						
Water ☐☐☐☐☐☐						
Supplements/ Medications						

Exercise & Movement	Sleep & Relaxation	Stress	Relationships
Type, Duration & Intensity: • Aerobic: • Strength: • Flexibility:	Sleep Quantity: _____ hours Sleep Quality: Poor Fair Good Relaxation: Yes / No Type/Amount:	Stress Reduction Practices: Stressors:	Supporting: Non-supporting:

Other Notes:

SHAPE ReClaimed