# MOVE! Weight Management Program for Veterans



# VETERAN FOOD AND PHYSICAL ACTIVITY LOG





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.



#### **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.



#### www.move.va.gov

#### **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)	1⁄2 cup
Apricots, dried	8 halves
Banana (medium)	1/2
Berries (blackberries or blueberries)	¾ cup
Cantaloupe or honeydew melon	1 cup
Cherries	12
Canned fruit, in <b>light</b> syrup or juice	1⁄2 cup
Dates	3
Fruit Cocktail	1⁄2 cup
Grapefruit (medium)	1/2
Grapes (small)	15
Kiwi (large)	1
Mandarin oranges	<sup>3</sup> ⁄ <sub>4</sub> cup
Mango, fresh (small)	1/2
Рарауа	1 cup
Pineapple, fresh	¾ cup
Plums, raw (small 2" diameter)	2
Raisins	2 Tbsp
Watermelon	1 cup
100% Juice (apple, orange, pineapple)	1⁄2 cup
100% Juice (cranberry, grape, or prune)	⅓ cup

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

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

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 pe	er 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)	1/2	
Roll (dinner, hard)	1 small	
English muffin (white or wheat)	1/2	
Pita pocket bread (6 to 8-inches across)	1/2	
Tortilla (6-inches), corn or flour	1	
Crackers & Snacks	Serving Size	
Graham crackers (squares)	3	
Crackers	see label	
Pretzels (hard)	<sup>3</sup> ⁄4 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	

#### 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:

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

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

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

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

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

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

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

#### 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:

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

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

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

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

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

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

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

#### Instructions:

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 Goa	l:				

My Physical Activity Goal:

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

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

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

Week 3 D	ay 4	Day/Date:			
Time:	Food/Beverage:		Amount:	Calories:	
Physical Activi	ty:			Minutes:	

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

Week 3 D	ау б	Day/Date:			
Time:	Food/Beverage:		Amount:	Calories:	
Physical Activi	ty:			Minutes:	

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

#### Instructions:

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	I	Day 4
Day 5	Da	/ 6	Day 7	
My Healthy Eating Goal:				

My Physical Activity Goal:

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

Week 4 D	ay 2	Day/Date:			
Time:	Food/Beverage:		Amount:	Calories:	
Physical Activi	ty:			Minutes:	

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

Week 4 D	ay 4	Day/Date:		
Time:	Food/Beverage:		Amount:	Calories:
Physical Activit	ty:			Minutes:
Week 4 D	ay 5	Day/Date:		
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Time:	Food/Beverage:		Amount:	Calories:
Physical Activit	Minutes:			

Week 4 D	ay 6	Day/Date:		
Time:	Food/Beverage:		Amount:	Calories:
Physical Activi	ty:			Minutes:

Week 4 D	ay 7	Day/Date:		
Time:	Food/Beverage:		Amount:	Calories:
Physical Activit	Minutes:			

#### Instructions:

List **ALL** food and drinks that you had each day on the food/beverage log. For each item, include the time you ate, amount, calories, and how you were feeling. Also, track any physical activity you did, the Rate of Perceived Exertion (RPE 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:

Week 5 D	ay 1	Day/Date:			
Time:	Food/Beverage:		Amount:	Calories:	Mood/Feelings:
Physical Activit	ty:			Minutes:	RPE Intensity:

Week 5 D	ay 2	Day/Date:			
Time:	Food/Beverage:		Amount:	Calories:	Mood/Feelings:
Physical Activi	ty:			Minutes:	RPE Intensity:

Week 5 D	ay 3	Day/Date:			
Time:	Food/Beverage:		Amount:	Calories:	Mood/Feelings:
Physical Activit	ty:			Minutes:	RPE Intensity:

Week 5 D	ay 4	Day/Date:			
Time:	Food/Beverage:		Amount:	Calories:	Mood/Feelings:
Physical Activi	ty:			Minutes:	RPE Intensity:

Week 5 D	ay 5	Day/Date:			
Time:	Food/Beverage:		Amount:	Calories:	Mood/Feelings:
Physical Activit	ty:			Minutes:	RPE Intensity:

Week 5 D	ay 6	Day/Date:			
Time:	Food/Beverage:		Amount:	Calories:	Mood/Feelings:
Physical Activi	ty:			Minutes:	RPE Intensity:

Week 5 D	ay 7	Day/Date:			
Time:	Food/Beverage:		Amount:	Calories:	Mood/Feelings:
Physical Activit	ty:			Minutes:	RPE Intensity:

#### Instructions:

List **ALL** food and drinks that you had each day on the food/beverage log. For each item, include the time you ate, amount, calories, and how you were feeling. Also, track any physical activity you did, the Rate of Perceived Exertion (RPE 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:

Week 6 D	ay 1	Day/Date:			
Time:	Food/Beverage:		Amount:	Calories:	Mood/Feelings:
Physical Activit	ty:			Minutes:	RPE Intensity:

Week 6 D	ay 2	Day/Date:			
Time:	Food/Beverage:		Amount:	Calories:	Mood/Feelings:
Physical Activi	ty:			Minutes:	RPE Intensity:

Week 6 D	ay 3	Day/Date:				
Time:	Food/Beverage:		Amount:	Calories:	Mood/Feelings:	
Physical Activit	ty:			Minutes:	RPE Intensity:	

Week 6 D	ay 4	Day/Date:			
Time:	Food/Beverage:		Amount:	Calories:	Mood/Feelings:
Physical Activi	ty:			Minutes:	RPE Intensity:

Week 6 D	ay 5	Day/Date:				
Time:	Food/Beverage:		Amount:	Calories:	Mood/Feelings:	
Physical Activit	ty:			Minutes:	RPE Intensity:	

Week 6 D	ay 6	Day/Date:			
Time:	Food/Beverage:		Amount:	Calories:	Mood/Feelings:
Physical Activ	ity:			Minutes:	RPE Intensity:

Week 6 D	ay 7	Day/Date:				
Time:	Food/Beverage:		Amount:	Calories:	Mood/Feelings:	
Physical Activit	ty:			Minutes:	RPE Intensity:	

#### Instructions:

List **ALL** food and drinks that you had each day on the food/beverage log. For each item, include the time you ate, amount, calories, and how you were feeling. Also, track any physical activity you did, the Rate of Perceived Exertion (RPE 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:

Week 7 D	ay 1	Day/Date:				
Time:	Food/Beverage:		Amount:	Calories:	Mood/Feelings:	
Physical Activit	ty:			Minutes:	RPE Intensity:	

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

Week 7 D	ay 3	Day/Date:			
Time:	Food/Beverage:		Amount:	Calories:	Mood/Feelings:
Physical Activit	ty:			Minutes:	RPE Intensity:

Week 7 D	ay 4	Day/Date:			
Time:	Food/Beverage:		Amount:	Calories:	Mood/Feelings:
Physical Activi	ty:			Minutes:	RPE Intensity:

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

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

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

#### Instructions:

List **ALL** food and drinks that you had each day on the food/beverage log. For each item, include the time you ate, amount, calories, and how you were feeling. Also, track any physical activity you did, the Rate of Perceived Exertion (RPE 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:

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

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

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

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

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

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

Week 8 D	ay 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!









**U.S. Department of Veterans Affairs** Veterans Hea**l**th Administration