

Date: \_\_\_\_\_

## Tracking Sheets

Based on Your Face Sheet My daily food group goals are:	Tally your food choices from the food groups	Estimate your Total
<b>Fruit ___ Cup(s)</b> (1 cup is 1 cup raw or cooked fruit, ½ cup dried fruit or 1 cup 100% fruit juice)	_____ _____ _____	_____ cups
<b>Vegetables ___ Cup(s)</b> (1 cup is 1 cup raw or cooked vegetables, 2 cups leafy salad greens, or 1 cup 100% vegetable juice)	_____ _____ _____	_____ cups
<b>Grains ___ Ounce equivalents</b> (1 ounce equivalent is about 1 slice of bread, 1 ounce ready-to-eat cereal; or ½ cup cooked rice, pasta or cereal)	_____ _____ _____	_____ ounce equivalents
<b>Meat ___ Ounces</b> (1 ounce equivalent is 1 ounce lean meat, poultry, or seafood; 1 egg; 1 Tbsp. peanut butter; ¼ cup cooked beans or peas; or ½ ounce nuts or seeds)	_____ _____ _____	_____ ounce equivalents
<b>Dairy ___ Cups</b> (1 cup is 1 cup milk, yogurt, or fortified soy beverage; 1 ½ ounces natural cheese; or 2 ounces processed cheese)	_____ _____ _____	_____ cups
Be physically active for at least <b>150 minutes</b> each week.	Some foods and drinks such as sodas, cakes, cookies, donuts, ice cream, and candy, are high in fats and sugars. Limit your intake of these.	_____ minutes

How did I do today?     Great     So-So     Not so Great

My Food Objective for tomorrow is: \_\_\_\_\_

My Physical Activity Objective for tomorrow is: \_\_\_\_\_

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