

Sugar Sweetened Drinks Diary



Keep a record of the number of sweet-ened drinks your child has each day.

Write any comments in the final column. These may include reasons you feel you and your child didn't meet your goal, or how you both feel about your progress.

CURRENT AMOUNT	_____	GOAL	My child, _____
	NUMBER		NAME
	_____		_____
	glasses of		will increase/decrease _____
	DRINK		DRINK
			by _____ each day.
			GLASSES

Day	Circle the number of drinks your child had	MET GOAL?	Comments
Monday	      		
Tuesday	      		
Wednesday	      		
Thursday	      		
Friday	      		
Saturday	      		
Sunday	      		








































Activity and Exercise Diary



Keep a record of the length of time and type of exercise you child does this week. It can be any kind of movement: riding a bike, playing, walking (to the bus stop or in a parking lot), gardening, sports, dancing)

Write the kind of activity and notes in the final column. These may include reasons you feel you and your child didn't meet the goal, or how you both feel about your progress.

CURRENT AMOUNT	NUMBER	GOAL	My child, _____
	minutes of		NAME _____
	ACTIVITY		will exercise _____
			MINUTES _____
			each day this week.

Day	Circle the icon for each 15-minute activity block	MET GOAL?	What kind of exercise / Notes
Monday	       		
Tuesday	       		
Wednesday	       		
Thursday	       		
Friday	       		
Saturday	       		
Sunday	       		

Dining Out Diary



Keep a record of the total number of times your family dines out (including fast food) this week.

Write any comments in the final column. These may include reasons you feel you and your child didn't meet the goal, or how you both feel about your progress.

CURRENT AMOUNT	NUMBER	GOAL	My family will dine out	NUMBER
	times each week		times this week.	

Day	How many times?	What did your child eat?	Comments
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Whole Grains Diary





Keep a record of the number of whole grain servings your child has each day.

A serving is a 1/2 cup of cooked grains like brown rice, bulgur, whole wheat pasta, quinoa.

Aim for **4 to 6 servings per day.**

CURRENT AMOUNT	NUMBER	GOAL	My child, _____ NAME
	servings of whole grain each day		will eat _____ NUMBER
			servings of whole grain each day.


















































Day	Circle the icon for each whole grain serving your child eats	MET GOAL?	Write any comments like how you feel you're doing, or whole grains that your child enjoyed.
Monday	     		
Tuesday	     		
Wednesday	     		
Thursday	     		
Friday	     		
Saturday	     		
Sunday	     		

Keep a record of the number of fruit servings your child has each day.

Aim for **3 to 5 servings per day**.

Give yourself a check for every day you meet your goal!

CURRENT AMOUNT	NUMBER	GOAL	My child, _____
	servings of fruit each day		NAME
	will eat _____		NUMBER
			servings of fruit each day.

Day	Circle the icon for each serving of fruit your child eats	MET GOAL?	Write any comments like how you feel you're doing, or fruits that your child enjoyed.
Monday	     		
Tuesday	     		
Wednesday	     		
Thursday	     		
Friday	     		
Saturday	     		
Sunday	     		

Vegetables Diary
































Keep a record of the number of vegetables servings your child has each day.

Aim for **3 to 5 servings per day**.

Give yourself a check for every day you meet your goal!

CURRENT AMOUNT	NUMBER	GOAL	My child, _____
	servings of vegetables each day		NAME
	will eat _____		NUMBER
			servings of vegetables each day.

Day	Circle the icon for each serving of veggies your child eats	MET GOAL?	Write any comments like how you feel you're doing, or vegetables that your child enjoyed.
Monday	      		
Tuesday	      		
Wednesday	      		
Thursday	      		
Friday	      		
Saturday	      		
Sunday	      		











































TV & Screen Time Diary



Keep a record of your child's screentime this week.

In the final column, you may want to write down which programs your child watches, or comments about when you found the goal difficult or easier to reach.

CURRENT AMOUNT	NUMBER	GOAL	My child, _____
	minutes of TV and/or screen time each day		NAME
			will watch _____
			NUMBER
			minutes of TV and/or screen time each day.

Day	Circle the icon for each 30-minute TV & screen time block	MET GOAL?	Comments
Monday	    		
Tuesday	    		
Wednesday	    		
Thursday	    		
Friday	    		
Saturday	    		
Sunday	    		

Playing Video Games & Internet Use Diary



Keep a record of your child's video game and internet time this week.

In the final column, you may want to write down which games your child plays, or comments about when you found the goal difficult or easier to reach.

CURRENT AMOUNT

NUMBER

minutes of video game play and/or Internet use each day

GOAL

My child, _____ NAME

will play video games/use the Internet _____ NUMBER

minutes each day.

Day	Circle the icon for each 30-min game/Internet time block					MET GOAL?	Comments
Monday	30 	30 	30 	30 	30 		
Tuesday	30 	30 	30 	30 	30 		
Wednesday	30 	30 	30 	30 	30 		
Thursday	30 	30 	30 	30 	30 		
Friday	30 	30 	30 	30 	30 		
Saturday	30 	30 	30 	30 	30 		
Sunday	30 	30 	30 	30 	30 		

Sweets & Desserts Diary



Keep a record of the number of sweets and desserts your child eats this week.

Write any comments in the final column. These may include how you feel you are doing and/or healthy substitutions your child enjoyed.

CURRENT AMOUNT

NUMBER

UNITS (BAGS, SLICES, ETC.)

GOAL

My child, _____

NAME

will have no more than _____

NUMBER

UNITS (BAGS, SLICES, ETC.)

For each sweet and/or dessert, please write what your child ate and how much

Day	Circle an icon for each sweet/dessert your child eats				What sweets/desserts did you child eat?
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					