

# Weekly Food Record

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Time	Meal	Date:	Date:	Date:	Date:	Date:	Date:	Date:
	<b>Breakfast:</b> 2 protein 1 starch	Fasting:	Fasting:	Fasting:	Fasting:	Fasting:	Fasting:	Fasting:
		1 Hour:	1 Hour:	1 Hour:	1 Hour:	1 Hour:	1 Hour:	1 Hour:
	<b>Snack:</b> 1 protein 1 starch							
	<b>Lunch:</b> 2 protein 2 starch 1-2 vegetables 1 milk* 1 fruit*							
		1 Hour:	1 Hour:	1 Hour:	1 Hour:	1 Hour:	1 Hour:	1 Hour:
	<b>Snack:</b> 1 protein 1 starch							
	<b>Dinner:</b> 3 protein 2 starch 1-2 vegetables 1 milk* 1 fruit*							
		1 Hour:	1 Hour:	1 Hour:	1 Hour:	1 Hour:	1 Hour:	1 Hour:
	<b>Snack:</b> 1 protein 1 starch 1 milk							
	Minutes of Exercise:							
	Kick Counts: how many kicks in 1 hour?							

**\* May move to morning or afternoon snack time**

**Target Goals:**

Fasting: 95 or less

1 hour after meals: 140 or less

Notes: \_\_\_\_\_

\_\_\_\_\_