Food Intake & Activity Record

Alternative Health & Chiropractic Wellness • 7 Brendan Way, Suite C • Greenville, South Carolina 29615 • (864)288-2459

Name: _____ **Date:** _____

Meal	Time	Food Eaten (List each major ingredient separately, unless food is pre-prepared or ingredients are unknown)	Serving Amount

Time	Activity	Duration	Cat. /AF	Total
TOTAL		24 Hrs.		

Category	Sample Activities	AF
Resting	Sleeping, lying down, watching television, reading	1.0
Very Light	Seated and standing activities such as driving, lab work, writing, typing, cooking, playing cards or a musical instrument	1.5
Light	Walking on a level surface 2.5-3.0 mph, child care, house cleaning, restaurant, sports/activities with low fitness ratings such as golf, bowling, and sailing	2.5
Moderate	Walking 3.5-4.0 mph, gardening, carrying a load, and sports/activities with medium fitness ratings such as baseball and volleyball	5.0
Heavy	Walking with a load uphill, heavy manual labor, sports/activities with high fitness ratings such as aerobic dance and cross country skiing	7.0

Meal - Indicate breakfast, lunch, dinner, or snack * Record Supplements Separately * Page ____ of _____