

CNY Diabetes Prevention Program

Weekly Tracker

Name: _____

Date: _____ to _____



My Goals

For Reducing Fat

For Increasing Fiber

For Getting More Physical Activity

Sample Food and Drink Tracker

Time	Food Name/Description	Amount (Measure)	Fat (Grams)
8 a.m.	Oatmeal	1/2 Cup	2g
8 a.m.	2% Milk	1 Cup	5 g

Monday Tracker (continued)

Time	Food Name/Description	Amount (Measure)	Fat (Grams)

Totals _____

Monday Physical Activity

Type of Activity	Minutes Completed

Total _____

Tuesday Tracker (continued)

Time	Food Name/Description	Amount (Measure)	Fat (Grams)

Totals _____

Tuesday Physical Activity

Type of Activity	Minutes Completed

Total _____

Wednesday Tracker (continued)

Time	Food Name/Description	Amount (Measure)	Fat (Grams)

Totals _____

Wednesday Physical Activity

Type of Activity	Minutes Completed

Total _____

Thursday Tracker (continued)

Time	Food Name/Description	Amount (Measure)	Fat (Grams)

Totals _____

Thursday Physical Activity

Type of Activity	Minutes Completed

Total _____

Friday Tracker (continued)

Time	Food Name/Description	Amount (Measure)	Fat (Grams)

Totals _____

Friday Physical Activity

Type of Activity	Minutes Completed

Total _____

Saturday Tracker (continued)

Time	Food Name/Description	Amount (Measure)	Fat (Grams)

Totals _____

Saturday Physical Activity

Type of Activity	Minutes Completed

Total _____

Sunday Tracker (continued)

Time	Food Name/Description	Amount (Measure)	Fat (Grams)

Totals _____

Sunday Physical Activity

Type of Activity	Minutes Completed

Total _____