## Daily Caloric Requirement: Computation Form

IVal	Name Date		
Course Section			
Α.	Current body weight		
В.	Caloric requirement per pound of body weight (use Table 6.1, page 160)		
C.	Typical daily caloric requirement without exercise to maintain body weight (A $\times$ B)		
D.	Selected physical activity (e.g., jogging)*		
E.	Number of exercise sessions per week		
F.	Duration of exercise session (in minutes)		
G.	Total weekly exercise time in minutes (E $\times$ F)		
Н.	Average daily exercise time in minutes (G $\div$ 7)		
l.	Caloric expenditure per pound per minute (cal/lb/min) of physical activity (use Table 6.2, page 160)		
J.	Total calories burned per minute of exercise (A $ imes$ I)		
K.	Average daily calories burned as a result of the exercise program (H $ imes$ J)		
L.	Total daily caloric requirement with exercise to maintain body weight (C $+$ K)		
M.	Number of calories to subtract from daily requirement to achieve a negative caloric balance (multiply current body weight by 5)**	_	
N.	Target caloric intake to lose weight (L $-$ M)		

<sup>\*</sup>If more than one physical activity is selected, you will need to estimate the average daily calories burned as a result of each additional activity (steps D through K) and add all of these figures to L above.

<sup>\*\*</sup>This figure should never be below 1,200 calories for women or 1,500 calories for men. See Activity 6.2 for the 1,200-, 1,500-, 1,800-, and 2,000-calorie diet plans.

# Daily Caloric Requirement: Computation Form (continued)

1.	. How much effort are you willing to put into reaching your weight loss goal?	
2.	Indicate your feelings about participating in an exercise program.	
3.	Will you commit to be more physically active and to participate in a combined aerobic and strength-training program?  Yes No	
	If your answer is "Yes," proceed to the next question; if you answered "No," please review Chapters 3 and 6 again.	
4.	Indicate your current number of daily steps:	
5.	List aerobic activities you enjoy or may enjoy doing.	
6.	Select one or two aerobic activities in which you will participate regularly.	
7.	List facilities available to you where you can carry out the aerobic and strength-training programs.	
8.	Indicate days and times you will set aside for your aerobic and strength-training program (accumulate 60 to 90 minutes of physical activity 6 to 7 days per week, including 3 to 5 weekly sessions of aerobic exercise lasting about 30 minutes each and 2 to 3 weekly strength training sessions).	
	Monday:	
	Tuesday:	
	Wednesday:	
	Thursday:	
	Friday:	
	Saturday:	
	Sunday:	
9.	Conclusion: Briefly describe whether you think you can meet the goals of your physical activity, aerobic, and strength-training programs. What obstacles will you have to overcome and how will you overcome them?	

### Daily Food Intake Record: 1,200-Calorie Diet Plan

Name	Date
Course	Section

#### **Instructions**

The objective of the diet plan is to meet (not exceed) the number of servings allowed for the food groups listed. Each time you eat a particular food, record it in the space provided for each group along with the appropriate serving size. Be sure not to exceed the number of calories allowed per serving listed below. Instead of the meat and beans group, you are allowed to have a commercially available low-fat frozen entree for your meal (this entree should provide no more than 300 calories and less than 6 grams of fat). You can make additional copies of this form as needed.



#### **Bread, Cereal, Rice, Pasta Group** (80 calories/serving): 6 servings

1 _		
2 _		
	etable Group (25 calories/serving): 3 servings	
1 _		
2 _		
3 _		
Fruit Group (60 calories/serving): 2 servings		
Milk Group (120 calories/serving, use low-fat milk and low-fat milk products): 2 servings  1		
Low-fat Frozen Entrees (300 calories and less than 6 grams of fat): 1 serving		
1 _		

### Daily Food Intake Record: 1,500-Calorie Diet Plan

#### **Instructions**

The objective of the diet plan is to meet (not exceed) the number of servings allowed for the food groups listed. Each time you eat a particular food, record it in the space provided for each group along with the appropriate serving size. Be sure not to exceed the number of calories allowed per serving listed below. Instead of the meat and beans group, you are allowed to have two commercially available low-fat frozen entree for your meal (this entree should provide no more than 300 calories and less than 6 grams of fat). You can make additional copies of this form as needed.



#### Bread, Cereal, Rice, Pasta Group (80 calories/serving): 6 servings

etable Group (25 calories/serving): 3 servings
t Group (60 calories/serving): 2 servings
<b>Group</b> (120 calories/serving, use low-fat milk and low-fat milk products): 2 servings
r-fat Frozen Entrees (300 calories and less than 6 grams of fat): 2 servings

### Daily Food Intake Record: 1,800-Calorie Diet Plan

Name	Date
Course	Section

#### **Instructions**

The objective of the diet plan is to meet (not exceed) the number of servings allowed for the food groups listed. Each time you eat a particular food, record it in the space provided for each group along with the appropriate serving size. Be sure not to exceed the number of calories allowed per serving listed below. Instead of the meat and beans group, you are allowed to have two commercially available low-fat frozen entrees for two of your meals (these entrees should provide no more than 300 calories and less than 6 grams of fat). You can make additional copies of this form as needed.



#### Bread, Cereal, Rice, Pasta Group (80 calories/serving): 8 servings

1	_ 5	
2	_ 6	
3	_ 7	
	_ 8	
<b>Vegetable Group</b> (25 calories/serving): 5 servings		
	_ 4	
2	_ 5	
3	-	
Fruit Group (60 calories/serving): 3 servings		
1		
2		
3		
Milk Group (120 calories/serving, use low-fat milk and low-fat milk products): 2 servings  1		
2		
Low-fat Frozen Entrees (300 calories and less than 6 grams of fat): 2 servings		
1		
2		

### Daily Food Intake Record: 2,000-Calorie Diet Plan

#### **Instructions**

The objective of the diet plan is to meet (not exceed) the number of servings allowed for the food groups listed. Each time you eat a particular food, record it in the space provided for each group along with the appropriate serving size. Be sure not to exceed the number of calories allowed per serving listed below. Instead of the meat and beans group, you are allowed to have two commercially available low-fat frozen entrees for two of your meals (these entrees should provide no more than 300 calories and less than 6 grams of fat). You can make additional copies of this form as needed.

Bread, Cereal, Rice, Pasta Group (80 calories/serving): 10 servings



1	_ 6		
2	_ 7		
	_ 8		
	_ 9		
	_ 10		
<b>Vegetable Group</b> (25 calories/serving): 5 servings			
1	_ 4		
2	_ 5		
3	_		
Fruit Group (60 calories/serving): 4 servings			
1			
3			
Milk Group (120 calories/serving, use low-fat milk and low-fat milk products): 2 servings			
1			
2			
Low-fat Frozen Entrees (300 calories and less than 6 grams of fat): 2 servings			