



# Performance Nutrition Pathway Program

## MY TRAINING DAY FOOD DIARY

Write down the foods you typically eat at each of these meals on a training day. Then based on your understanding of the Australian Guide to Healthy Eating, tick food groups you consume from at your meals and snacks

MEAL	FOOD EATEN & FLUIDS CONSUMED	FOOD GROUPS INCLUDED AT THIS MEAL
<b>BREAKFAST</b>  Time:		<input type="checkbox"/> Carbohydrate Foods <input type="checkbox"/> Protein Foods <input type="checkbox"/> Dairy Foods <input type="checkbox"/> Fruits <input type="checkbox"/> Vegetables <input type="checkbox"/> Water <input type="checkbox"/> Other _____
<b>SNACK</b>  Time:		<input type="checkbox"/> Carbohydrate Foods <input type="checkbox"/> Protein Foods <input type="checkbox"/> Dairy Foods <input type="checkbox"/> Fruits <input type="checkbox"/> Vegetables <input type="checkbox"/> Water Other _____
<b>LUNCH</b>  Time:		<input type="checkbox"/> Carbohydrate Foods <input type="checkbox"/> Protein Foods <input type="checkbox"/> Dairy Foods <input type="checkbox"/> Fruits <input type="checkbox"/> Vegetables <input type="checkbox"/> Water Other _____
<b>SNACK/ PRE-TRAINING</b>  Time:		<input type="checkbox"/> Carbohydrate Foods <input type="checkbox"/> Protein Foods <input type="checkbox"/> Dairy Foods <input type="checkbox"/> Fruits <input type="checkbox"/> Vegetables <input type="checkbox"/> Water Other _____



# Performance Nutrition Pathway Program

<b>DURING TRAINING</b>		<input type="checkbox"/> Carbohydrate Foods <input type="checkbox"/> Protein Foods <input type="checkbox"/> Dairy Foods <input type="checkbox"/> Fruits <input type="checkbox"/> Vegetables <input type="checkbox"/> Water Other _____
<b>+/- AFTER TRAINING</b>		<input type="checkbox"/> Carbohydrate Foods <input type="checkbox"/> Protein Foods <input type="checkbox"/> Dairy Foods <input type="checkbox"/> Fruits <input type="checkbox"/> Vegetables <input type="checkbox"/> Water Other _____
<b>DINNER</b>		<input type="checkbox"/> Carbohydrate Foods <input type="checkbox"/> Protein Foods <input type="checkbox"/> Dairy Foods <input type="checkbox"/> Fruits <input type="checkbox"/> Vegetables Other _____
<b>Dessert/PRE- BED SNACK</b>		<input type="checkbox"/> Carbohydrate Foods <input type="checkbox"/> Protein Foods <input type="checkbox"/> Dairy Foods <input type="checkbox"/> Fruits <input type="checkbox"/> Vegetables Other _____
<b>Comments</b>		



# Performance Nutrition Pathway Program

**Self-Reflection Activity: Tally up your daily total of foods from each of the food groups**

Food Group	How many times did you include foods from this food group over the day?
Carbohydrate Foods	
Protein Foods	
Dairy Foods	
Fruits	
Vegetables	
Discretionary Foods	

**Do you feel there are any areas you might be able to improve in the future? If so, list 2 ways you could do this.**

1. \_\_\_\_\_
2. \_\_\_\_\_

