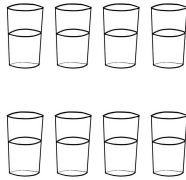
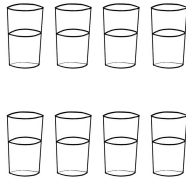
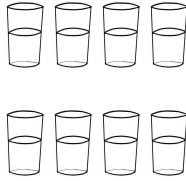
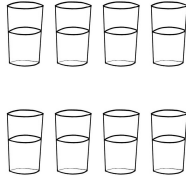


# MY FOOD JOURNAL

Name: \_\_\_\_\_ Group: \_\_\_\_\_ Period: \_\_\_\_\_

	Food/ Drink Intake	Exercise	Water Intake	Amt. of Sleep
Day #1	Breakfast: Lunch: Dinner: Snack:			
Day #2	Breakfast: Lunch: Dinner: Snack:			
Day #3	Breakfast: Lunch: Dinner: Snack:			
Day #4	Breakfast: Lunch: Dinner: Snack:			
Day #5	Breakfast: Lunch: Dinner: Snack:		