

FOOD AND ACTIVITY TRACKER

DATE: _____

WHAT DID YOU EAT AND DRINK?

Breakfast: _____

Lunch: _____

Dinner: _____

Snacks: _____

WHAT DID YOU DO?
(List physical activity)

_____ Time: _____

_____ Time: _____

_____ Time: _____

HOW DO YOU FEEL? _____

DID YOU TAKE YOUR MULTIVITAMIN?

Yes No

DATE: _____

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(List physical activity)

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_____ Time: _____

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(List physical activity)

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Yes No