

YMCA Food Journal

NAME:	
	_
MY GOAL THIS WEEK:	

DATE:			

TIME	HOW MUCH	FOODS & BEVERAGES	BEFORE I FEEL	AFTER I FEEL
		WATER INTAKE = 8 FLUID OUNCES)		
TIME	MINUTES	PHYSICAL ACTIVIT	TY	
TIME	MINUTES	SLEEP		
NOTES	6:			

DATE:			

TIME	HOW MUCH	FOODS & BEVERAGES	BEFORE I FEEL	AFTER I FEEL		
	(EAC	WATER INTAKE H = 8 FLUID OUNCES)				
TIME	MINUTES	PHYSICAL ACTIVITY				
TIME	MINUTES	SLEEP				
NOTES:						

DATE:			

TIME	HOW MUCH	FOODS & BEVERAGES	BEFORE I FEEL	AFTER I FEEL		
	(EACH	WATER INTAKE = 8 FLUID OUNCES)				
TIME	MINUTES	PHYSICAL ACTIVITY				
TIME	MINUTES	SLEEP				
NOTES:						

DATE:			

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