

Food and Activity Log

	Breakfast	Lunch	Dinner
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Snacks	Total Calories	Notes	Activity Performed
		Your 5 a Day: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glasses of Water: _____ Feelings/Emotions: 😊 <input type="checkbox"/> 😐 <input type="checkbox"/> 😞 <input type="checkbox"/>	
		Your 5 a Day: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glasses of Water: _____ Feelings/Emotions: 😊 <input type="checkbox"/> 😐 <input type="checkbox"/> 😞 <input type="checkbox"/>	
		Your 5 a Day: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glasses of Water: _____ Feelings/Emotions: 😊 <input type="checkbox"/> 😐 <input type="checkbox"/> 😞 <input type="checkbox"/>	
		Your 5 a Day: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glasses of Water: _____ Feelings/Emotions: 😊 <input type="checkbox"/> 😐 <input type="checkbox"/> 😞 <input type="checkbox"/>	
		Your 5 a Day: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glasses of Water: _____ Feelings/Emotions: 😊 <input type="checkbox"/> 😐 <input type="checkbox"/> 😞 <input type="checkbox"/>	
		Your 5 a Day: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glasses of Water: _____ Feelings/Emotions: 😊 <input type="checkbox"/> 😐 <input type="checkbox"/> 😞 <input type="checkbox"/>	
		Your 5 a Day: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glasses of Water: _____ Feelings/Emotions: 😊 <input type="checkbox"/> 😐 <input type="checkbox"/> 😞 <input type="checkbox"/>	