

My Food & Exercise *Diary*

Date: _____

Breakfast		Time: _____
Snack		Time: _____
Lunch		Time: _____
Snack		Time: _____
Dinner		Time: _____
Snack		Time: _____

Exercise:

Activity	Duration

Hydration Station:

**check off a box for each 8oz you sip

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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How do you feel?
