

Food Dynamics: Food Activity Log

Name _____

	Breakfast	Lunch	Dinner	Snacks
Monday _/ _/ _				
	Water: _____ (8 glasses per day) Exercise: Type/Duration			
Tuesday _/ _/ _				
	Water: _____ (8 glasses per day) Exercise: Type/Duration			
Wednesday _/ _/ _				
	Water: _____ (8 glasses per day) Exercise: Type/Duration			
Thursday _/ _/ _				
	Water: _____ (8 glasses per day) Exercise: Type/Duration			
Friday _/ _/ _				
	Water: _____ (8 glasses per day) Exercise: Type/Duration			