Daily Food Log			
List everything you eat	Date:		
Day1 Date_			
Breakfast	Lunch	Snack	Dinner
Day 2 Date_			
Breakfast	Lunch	Snack	Dinner
Day 3 Date_			
Breakfast	Lunch	Snack	Dinner

Physical Education

Name:

	Date:			
Describe the <i>healthy</i> eating habits you noticed.				
Describe the <i>unhealthy</i> eating habits you noticed.				
How many glasses of water did you drink each day? Was it enough?				
What are some things you can do to improve your healthy eating habits?				

Physical Education

Name: