



YMCA Food Journal

NAME:

MY GOAL THIS WEEK:

DATE: _____

| TIME | HOW MUCH | FOODS & BEVERAGES | BEFORE I FEEL... | AFTER I FEEL... |
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WATER INTAKE

(EACH  = 8 FLUID OUNCES)





| TIME | MINUTES | PHYSICAL ACTIVITY |
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| TIME | MINUTES | SLEEP |
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NOTES:


DATE: _____

| TIME | HOW MUCH | FOODS & BEVERAGES | BEFORE I FEEL... | AFTER I FEEL... |
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| WATER INTAKE (EACH  = 8 FLUID OUNCES) | | |  | |
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WATER INTAKE
 (EACH  = 8 FLUID OUNCES)



| TIME | MINUTES | PHYSICAL ACTIVITY |
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| <p align="center">WATER INTAKE (EACH <input type="checkbox"/> = 8 FLUID OUNCES)</p> | | | |
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| TIME | MINUTES | PHYSICAL ACTIVITY |
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| TIME | MINUTES | PHYSICAL ACTIVITY |
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