

FOOD INTAKE RECORD

Name _____ Period _____ Assign # _____

DATE AND TIME	WHAT YOU ATE AND THE AMOUNT	HOW YOU WERE FEELING (MOOD, HUNGRY OR NOT HUNGRY, ETC.)	WHERE YOU WERE AT THE TIME	WHAT YOU WERE DOING AT THE TIME	WHO YOU WERE WITH AT THE TIME
	<p>IN WHAT PHYSICAL ACTIVITY DID YOU PARTICIPATE TODAY?</p>				