

Name: \_\_\_\_\_

Date: \_\_\_\_\_

	<b>Foods You Ate</b> (Include the amounts you ate)	<b>Dairy</b> Milk, Cheese, Yogurt	<b>Vegetables</b> Tomatoes, Carrots, Salad	<b>Fruit</b> Orange, Apple, Kiwi	<b>Grains</b> Bread, Pasta, Tortilla, Rice	<b>Protein</b> Meat, Beans, Nuts	<b>Empty Calories</b> Bacon, Jam, Fries, Sports drinks
	<i>Example: Bean, cheese and rice burrito, small bag chips, salsa, guacamole</i>	X	X		XX	X	X
<b>Breakfast</b>							
<b>Snack</b>							
<b>Lunch</b>							
<b>Snack</b>							
<b>Dinner</b>							
<b>Snack</b>							

<b>Activities You Did</b>	<b>Time (Minutes)</b>	<b>Intensity</b>		
		Low	Moderate	Vigorous