

# My Health Diary



Breakfast

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Lunch

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Dinner

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Snacks

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Drinks

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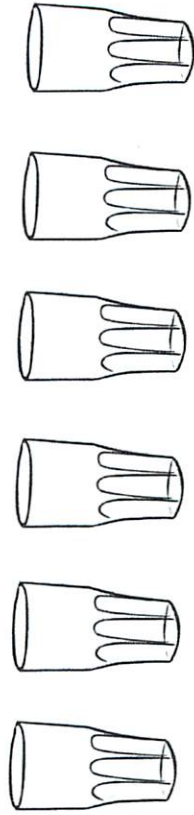
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CLL:W

Date: 24.06.20

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

How many glasses of water did you drink?



How many of your 5-a-day did you eat?



How many hours of sleep did you get?



How did you feel overall?

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