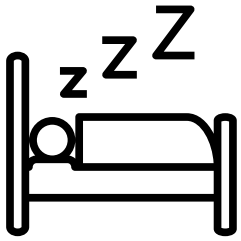


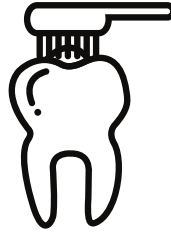
My Health Journal

Name: _____

Date: _____



I slept _____
hours last night.



I brushed my teeth:
____ Morning
____ Evening

WHAT I ATE TODAY:

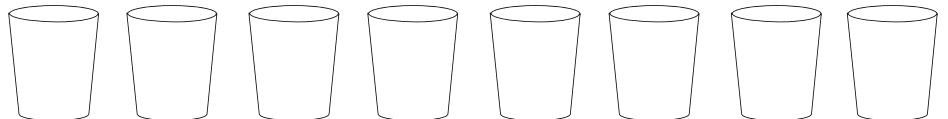
Breakfast: _____

Lunch: _____

Dinner: _____

Snacks: _____

How many glasses
of water I drank today:



Things I did to stay active and get moving today: _____

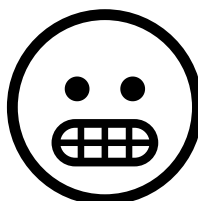
Today I feel:



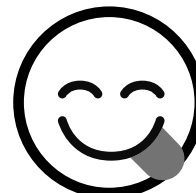
HAPPY



SAD



NERVOUS



SILLY



ANGRY