

Name _____

FOOD is Fuel

My *fit* Challenge:

Shun the sugar!
I will choose a healthy snack.

Mark each day you snack on foods without added sugar.

MON	TUE	WED	THU	FRI	SAT	SUN
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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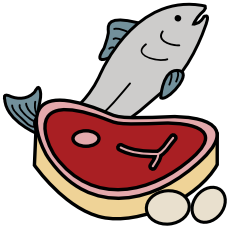

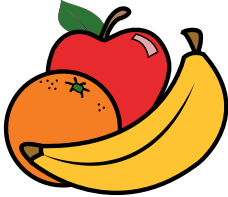
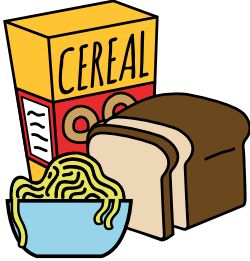



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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Snack Choice Challenge

Name _____

Track the snacks you eat each day.

	Meat/Protein	Vegetables	Fruit	Grains	Milk/Dairy	Water	Other
Day/Time							
Total							

