

Get Healthy Service: checklist

Week _____

Daily checklist								
Question	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
How many serves of fruit did you eat?								
How many serves of vegetables did you eat?								
How many glasses of water did you drink?								
What other drinks did you have?								
How many 'occasional' foods did you have?								
How many minutes of physical activity did you do?								

