

# Keeping healthy record

Name \_\_\_\_\_

Please circle the fruits you like to eat



other \_\_\_\_\_

Please circle the vegetables you like to eat



other \_\_\_\_\_

Please circle the kinds of exercise you like to do



other \_\_\_\_\_

Do you.....(please circle 'yes' or 'no')

have plenty of drinks, especially water?



yes no

get lots of sleep?



yes no

get lots of fresh air?



yes no