

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Weight_____	/	/	/	/	/	/	/
<b>FOOD CONSUMED</b>							
Breakfast							
Snack							
Lunch							
Snack							
Dinner							
Snack							
Total Calories Consumed							
<b>EXERCISE</b>							
Activity							
Duration/Distance							
Total Calories Burned							