

Name: _____

Day of Week _____ Date _____
Calorie goal _____ Fat goal (g) _____

Day of Week _____ Date _____
Calorie goal _____ Fat goal (g) _____

Time	Food	Amount	Brand
Breakfast			
Notes:			
Lunch			
Notes:			
Dinner			
Notes:			
Snacks			
Notes:			
Type of Physical Activity			Minutes
Total Minutes			
Total Steps			

Time	Food	Amount	Brand
Breakfast			
Notes:			
Lunch			
Notes:			
Dinner			
Notes:			
Snacks			
Notes:			
Type of Physical Activity			Minutes
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Total Steps			