

WEEK__ — DAY 1

TODAY'S DATE _____

BREAKFAST			
SNACK 1			
LUNCH			
SNACK 2 (IF APPLICABLE)			
DINNER			
TODAY'S TOTALS			

WATER TODAY'S WATER TOTAL

	YOGA/STRETCH	CARDIO	STRENGTH
MINUTES OF EXERCISE:			

NOTES: _____



WEEK__ — DAY 2

TODAY'S DATE _____

BREAKFAST			
SNACK 1			
LUNCH			
SNACK 2 (IF APPLICABLE)			
DINNER			
TODAY'S TOTALS			

WATER TODAY'S WATER TOTAL

	YOGA/STRETCH	CARDIO	STRENGTH
MINUTES OF EXERCISE:			

NOTES: _____



WEEK__ — DAY 3

TODAY'S DATE _____

BREAKFAST			
SNACK 1			
LUNCH			
SNACK 2 (IF APPLICABLE)			
DINNER			
TODAY'S TOTALS			

WATER TODAY'S WATER TOTAL

	YOGA/STRETCH	CARDIO	STRENGTH
MINUTES OF EXERCISE:			

NOTES: _____



WEEK ___ — DAY 4

TODAY'S DATE _____

BREAKFAST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SNACK 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LUNCH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SNACK 2 (IF APPLICABLE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DINNER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TODAY'S TOTALS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WATER TODAY'S WATER TOTAL

	YOGA/STRETCH	CARDIO	STRENGTH
MINUTES OF EXERCISE:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOTES: _____



WEEK__ — DAY 5

TODAY'S DATE _____

BREAKFAST			
SNACK 1			
LUNCH			
SNACK 2 (IF APPLICABLE)			
DINNER			
TODAY'S TOTALS			

WATER TODAY'S WATER TOTAL

	YOGA/STRETCH	CARDIO	STRENGTH
MINUTES OF EXERCISE:			

NOTES: _____



WEEK ___ — DAY 6

TODAY'S DATE _____

BREAKFAST			
SNACK 1			
LUNCH			
SNACK 2 (IF APPLICABLE)			
DINNER			
TODAY'S TOTALS			

WATER TODAY'S WATER TOTAL

	YOGA/STRETCH	CARDIO	STRENGTH
MINUTES OF EXERCISE:			

NOTES: _____



WEEK__ — DAY 7

TODAY'S DATE _____

BREAKFAST			
SNACK 1			
LUNCH			
SNACK 2 (IF APPLICABLE)			
DINNER			
TODAY'S TOTALS			

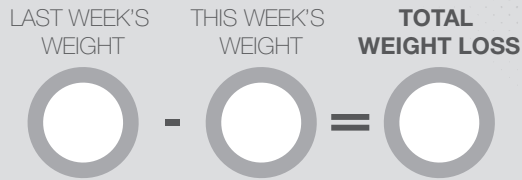
WATER **TODAY'S WATER TOTAL**

	YOGA/STRETCH	CARDIO	STRENGTH
MINUTES OF EXERCISE:			

NOTES: _____



WEEK ___ TOTALS



TOTAL MINUTES OF EXERCISE

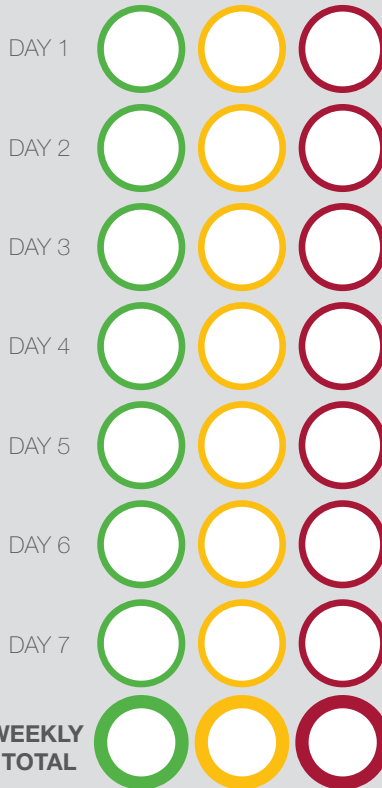
YOGA/
STRETCH CARDIO STRENGTH



TOTAL GLASSES OF WATER CONSUMED



DAILY MEAL CHOICE TOTALS



WEEKLY MEASUREMENTS

	LAST WEEK	THIS WEEK	INCHES LOST
CHEST			
ARMS			
WAIST			
HIPS			
THIGH			

NOTES: _____

