

DATE \_\_\_\_\_ WEIGHT \_\_\_\_\_ WEIGHT GOAL \_\_\_\_\_ (+) \_\_\_\_\_

Food Intake: **"You Are What You Eat"**

Fasting ☐ Yes ☐ No (-) \_\_\_\_\_

BREAKFAST	C A L	LUNCH	C A L	DINNER	C A L	BODY COMPOSITION
						% FAT _____
						% FAT GOAL _____
						EXERCISE
						HEALTH CHECKLIST
TOTAL CAL.		TOTAL CAL.		TOTAL CAL.		
Snacks & beverages		Snacks & beverages		Snacks & beverages		TOTAL CALORIES
						ADD UP SHADED AREAS DAILY
						<div style="border: 1px solid black; width: 100px; height: 100px;"></div>
TOTAL CAL.		TOTAL CAL.		TOTAL CAL.		