

WEIDER®

Easy

Weight-Loss

Tracker

Studies* show that by simply tracking your food intake, you'll lose more weight! In fact, people that chart their progress in a food diary lose up to 2X more weight than people who don't track their food at all. By tracking your caloric intake, energy level, mood and weight, you'll be more mindful of your progress and stay on track to reach your goals!

What are you waiting for? You've got the tools to help you succeed, start today! Track your progress and you will see results.

*Hollis, J.F. American Journal of Preventive Medicine, August 2008; vol 35 (2): pp 118-126.

Morning Time 7:30

1 whole-wheat bagel
1 tbsp cream cheese
8 oz skim milk

Calories Energy Mood

270	LOW	LOW
50	X	MED
90	HIGH	X

Total: 410

Afternoon Time 12:15

Bowl tomato soup
Side salad with spray dressing
1 orange

305	LOW	LOW
20	X	X
62	HIGH	HIGH

Total: 387

Evening Time 6:30

Hamburger (3 oz meat, large bun)
Coleslaw 1/2 cup
8 oz cola

334	LOW	LOW
40	MED	X
90	X	HIGH

Total: 464

Snacks

String cheese Time 10:30
Carrots Time 3:30
2 oz pretzels Time 8:30

80	LOW	LOW
30	X	X
220	HIGH	HIGH

Total: 330

Total for the day: 1591

Today's Date

03/26

Weight

163 lbs

Water (8 oz. glasses)

~~X~~ ~~X~~ ~~X~~ ~~X~~
~~X~~

Exercise Log (Energy During Workout)

LOW ~~X~~ HIGH

Ran 3 1/2 miles
Strength Trained lower body

Duration	Calories Burned
<u>35m</u>	<u>300</u>
<u>20m</u>	<u>100</u>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Total: 400

MONDAY

WEEK

1

Morning Time ____:____

Calories Energy Mood

	LOW	LOW
	MED	MED
	HIGH	HIGH

Total:

Afternoon Time ____:____

	LOW	LOW
	MED	MED
	HIGH	HIGH

Total:

Evening Time ____:____

	LOW	LOW
	MED	MED
	HIGH	HIGH

Total:

Snacks

_____	Time ____:____			
_____	Time ____:____			
_____	Time ____:____			

	LOW	LOW
	MED	MED
	HIGH	HIGH

Total:

Total for the day:

Today's Date

Weight

Water (8 oz. glasses)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Exercise Log (Energy During Workout)

LOW MED HIGH

Duration	Calories Burned
_____	<input type="text"/>
_____	<input type="text"/>
_____	<input type="text"/>
_____	<input type="text"/>

Total:

TUESDAY

WEEK

1

Morning Time ____:____

Total:

Afternoon Time ____:____

Total:

Evening Time ____:____

Total:

Snacks

Time ____:____

Time ____:____

Time ____:____

Time ____:____

Total:

Total for the day:

Today's Date

Weight

Water (8 oz. glasses)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Exercise Log (Energy During Workout)

LOW MED HIGH

	Duration	Calories Burned
_____	<input type="text"/>	<input type="text"/>
_____	<input type="text"/>	<input type="text"/>
_____	<input type="text"/>	<input type="text"/>
_____	<input type="text"/>	<input type="text"/>

Total:

WEDNESDAY

WEEK

1

Morning Time ____:____

Calories Energy Mood

<input type="text"/>	LOW	LOW
<input type="text"/>	MED	MED
<input type="text"/>	HIGH	HIGH

Total:

Afternoon Time ____:____

<input type="text"/>	LOW	LOW
<input type="text"/>	MED	MED
<input type="text"/>	HIGH	HIGH

Total:

Evening Time ____:____

<input type="text"/>	LOW	LOW
<input type="text"/>	MED	MED
<input type="text"/>	HIGH	HIGH

Total:

Snacks

Time ____:____

Time ____:____

Time ____:____

<input type="text"/>	LOW	LOW
<input type="text"/>	MED	MED
<input type="text"/>	HIGH	HIGH

Total:

Total for the day:

Today's Date

Weight

Water (8 oz. glasses)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Exercise Log (Energy During Workout)

LOW MED HIGH

Duration	Calories Burned
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Total:

THURSDAY

WEEK

1

Morning Time ____:____

Calories Energy Mood

<input type="text"/>	LOW	LOW
<input type="text"/>	MED	MED
<input type="text"/>	HIGH	HIGH

Total:

Afternoon Time ____:____

<input type="text"/>	LOW	LOW
<input type="text"/>	MED	MED
<input type="text"/>	HIGH	HIGH

Total:

Evening Time ____:____

<input type="text"/>	LOW	LOW
<input type="text"/>	MED	MED
<input type="text"/>	HIGH	HIGH

Total:

Snacks

Time ____:____

Time ____:____

Time ____:____

<input type="text"/>	LOW	LOW
<input type="text"/>	MED	MED
<input type="text"/>	HIGH	HIGH

Total:

Total for the day:

Today's Date

Weight

Water (8 oz. glasses)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Exercise Log (Energy During Workout)

LOW MED HIGH

Duration	Calories Burned
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Total:

Morning Time ____:____

Total:

Afternoon Time ____:____

Total:

Evening Time ____:____

Total:

Snacks

	Time ____:____		
	Time ____:____		
	Time ____:____		

Total:

Total for the day:

Today's Date

 /

Weight

Water (8 oz. glasses)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Exercise Log (Energy During Workout)

LOW MED HIGH

Duration	Calories Burned

Total:

SATURDAY

WEEK

1

Morning Time _____:

Calories Energy Mood

	LOW	LOW
	MED	MED
	HIGH	HIGH

Total:

Afternoon Time _____:

	LOW	LOW
	MED	MED
	HIGH	HIGH

Total:

Evening Time _____:

	LOW	LOW
	MED	MED
	HIGH	HIGH

Total:

Snacks

_____	Time _____:			
_____	Time _____:			
_____	Time _____:			

	LOW	LOW
	MED	MED
	HIGH	HIGH

Total:

Total for the day:

Today's Date

Weight

Water (8 oz. glasses)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Exercise Log (Energy During Workout)

LOW MED HIGH

Duration	Calories Burned
_____	<input type="text"/>
_____	<input type="text"/>
_____	<input type="text"/>
_____	<input type="text"/>

Total:

Morning Time ____:____

Calories Energy Mood

	LOW	LOW
	MED	MED
	HIGH	HIGH

Total:
Afternoon Time ____:____

	LOW	LOW
	MED	MED
	HIGH	HIGH

Total:
Evening Time ____:____

	LOW	LOW
	MED	MED
	HIGH	HIGH

Total:
Snacks

Time ____:____

Time ____:____

Time ____:____

	LOW	LOW
	MED	MED
	HIGH	HIGH

Total:
Total for the day:
Today's Date
 /
Weight

Water (8 oz. glasses)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Exercise Log (Energy During Workout)

LOW	MED	HIGH
-----	-----	------

Duration	Calories Burned
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Total:

chart your **PROGRESS**

How did the week go?

Did you notice foods that give you energy?

What are your goals for next week?

WEEKLY STATISTICS	
Weight	
Chest	
Waist	
Hips	
Right Thigh	
Right Calf	
Right Bicep	

DAYS I TRACKED

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

Morning Time ____:____

Total:

Afternoon Time ____:____

Total:

Evening Time ____:____

Total:

Snacks

	Time ____:____		
	Time ____:____		
	Time ____:____		

Total:

Total for the day:

Today's Date

 /

Weight

Water (8 oz. glasses)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Exercise Log (Energy During Workout)

LOW MED HIGH

Duration	Calories Burned

Total:

TUESDAY

WEEK

2

Morning Time ____:____

Calories Energy Mood

	LOW	LOW
	MED	MED
	HIGH	HIGH

Total:

Afternoon Time ____:____

	LOW	LOW
	MED	MED
	HIGH	HIGH

Total:

Evening Time ____:____

	LOW	LOW
	MED	MED
	HIGH	HIGH

Total:

Snacks

Time ____:____

Time ____:____

Time ____:____

Total: Total for the day:

Today's Date

Weight

Water (8 oz. glasses)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Exercise Log (Energy During Workout)

LOW MED HIGH

Duration	Calories Burned
_____	<input type="text"/>
_____	<input type="text"/>
_____	<input type="text"/>
_____	<input type="text"/>

Total:

Morning Time ____:____

Total:

Afternoon Time ____:____

Total:

Evening Time ____:____

Total:

Snacks

Time ____:____

--	--	--

Time ____:____

--	--	--

Time ____:____

--	--	--

Total:

Total for the day:

Calories Energy Mood

	LOW	LOW
	MED	MED
	HIGH	HIGH

Today's Date

 /

Weight

Water (8 oz. glasses)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Exercise Log (Energy During Workout)

LOW MED HIGH

Duration	Calories Burned

Total:

Morning Time ____:____

Calories Energy Mood

	LOW	LOW
	MED	MED
	HIGH	HIGH

Total:
Afternoon Time ____:____

	LOW	LOW
	MED	MED
	HIGH	HIGH

Total:
Evening Time ____:____

	LOW	LOW
	MED	MED
	HIGH	HIGH

Total:
Snacks

Time ____:____

Time ____:____

Time ____:____

	LOW	LOW
	MED	MED
	HIGH	HIGH

Total:
Total for the day:

Today's Date

 /

Weight

Water (8 oz. glasses)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Exercise Log (Energy During Workout)

LOW	MED	HIGH
-----	-----	------

Duration	Calories Burned
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Total:

Morning Time ____:____

Total:

Afternoon Time ____:____

Total:

Evening Time ____:____

Total:

Snacks

	Time ____:____		
	Time ____:____		
	Time ____:____		

Total:

Total for the day:

Today's Date

 /

Weight

Water (8 oz. glasses)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Exercise Log (Energy During Workout)

LOW MED HIGH

Duration	Calories Burned

Total:

Morning Time ____:____

Calories Energy Mood

	LOW	LOW
	MED	MED
	HIGH	HIGH

Total:

Afternoon Time ____:____

	LOW	LOW
	MED	MED
	HIGH	HIGH

Total:

Evening Time ____:____

	LOW	LOW
	MED	MED
	HIGH	HIGH

Total:

Snacks

Time ____:____

Time ____:____

Time ____:____

	LOW	LOW
	MED	MED
	HIGH	HIGH

Total:

Total for the day:

Today's Date

 /

Weight

Water (8 oz. glasses)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Exercise Log (Energy During Workout)

LOW MED HIGH

Duration	Calories Burned
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Total:

SUNDAY

WEEK

2

Morning Time ____:____

Calories Energy Mood

<input type="text"/>	LOW	LOW
<input type="text"/>	MED	MED
<input type="text"/>	HIGH	HIGH

Total:

Afternoon Time ____:____

<input type="text"/>	LOW	LOW
<input type="text"/>	MED	MED
<input type="text"/>	HIGH	HIGH

Total:

Evening Time ____:____

<input type="text"/>	LOW	LOW
<input type="text"/>	MED	MED
<input type="text"/>	HIGH	HIGH

Total:

Snacks

_____	Time ____:____	<input type="text"/>	LOW	LOW
_____	Time ____:____	<input type="text"/>	MED	MED
_____	Time ____:____	<input type="text"/>	HIGH	HIGH

<input type="text"/>	LOW	LOW
<input type="text"/>	MED	MED
<input type="text"/>	HIGH	HIGH

Total:

Total for the day:

Today's Date

Weight

Water (8 oz. glasses)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Exercise Log (Energy During Workout)

LOW MED HIGH

Duration	Calories Burned
_____	<input type="text"/>
_____	<input type="text"/>
_____	<input type="text"/>
_____	<input type="text"/>

Total:

chart your **PROGRESS**

How did the week go?

Did you notice foods that give you energy?

What are your goals for next week?

WEEKLY STATISTICS	
Weight	
Chest	
Waist	
Hips	
Right Thigh	
Right Calf	
Right Bicep	

DAYS I TRACKED

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

MONDAY

WEEK

3

Morning Time ____:____

Calories Energy Mood

	LOW	LOW
	MED	MED
	HIGH	HIGH

Total:

Afternoon Time ____:____

	LOW	LOW
	MED	MED
	HIGH	HIGH

Total:

Evening Time ____:____

	LOW	LOW
	MED	MED
	HIGH	HIGH

Total:

Snacks

_____	Time ____:____			
_____	Time ____:____			
_____	Time ____:____			

	LOW	LOW
	MED	MED
	HIGH	HIGH

Total:

Total for the day:

Today's Date

Weight

Water (8 oz. glasses)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Exercise Log (Energy During Workout)

LOW MED HIGH

Duration	Calories Burned
_____	<input type="text"/>
_____	<input type="text"/>
_____	<input type="text"/>
_____	<input type="text"/>

Total:

Morning Time ____:____

_____	Calories	Energy	Mood
_____	<input type="text"/>	LOW	LOW
_____	<input type="text"/>	MED	MED
_____	<input type="text"/>	HIGH	HIGH

Total:

Afternoon Time ____:____

_____	Calories	Energy	Mood
_____	<input type="text"/>	LOW	LOW
_____	<input type="text"/>	MED	MED
_____	<input type="text"/>	HIGH	HIGH

Total:

Evening Time ____:____

_____	Calories	Energy	Mood
_____	<input type="text"/>	LOW	LOW
_____	<input type="text"/>	MED	MED
_____	<input type="text"/>	HIGH	HIGH

Total:

Snacks

_____	Time ____:____	Calories	Energy	Mood
_____	_____	<input type="text"/>	LOW	LOW
_____	_____	<input type="text"/>	MED	MED
_____	_____	<input type="text"/>	HIGH	HIGH

Total:

Total for the day:

Today's Date

 /

Weight

Water (8 oz. glasses)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Exercise Log (Energy During Workout)

LOW MED HIGH

Duration	Calories Burned
_____	<input type="text"/>
_____	<input type="text"/>
_____	<input type="text"/>
_____	<input type="text"/>

Total:

WEDNESDAY

WEEK

3

Morning Time ____:____

Calories Energy Mood

<input type="text"/>	LOW	LOW
<input type="text"/>	MED	MED
<input type="text"/>	HIGH	HIGH

Total:

Afternoon Time ____:____

<input type="text"/>	LOW	LOW
<input type="text"/>	MED	MED
<input type="text"/>	HIGH	HIGH

Total:

Evening Time ____:____

<input type="text"/>	LOW	LOW
<input type="text"/>	MED	MED
<input type="text"/>	HIGH	HIGH

Total:

Snacks

Time ____:____

Time ____:____

Time ____:____

<input type="text"/>	LOW	LOW
<input type="text"/>	MED	MED
<input type="text"/>	HIGH	HIGH

Total:

Total for the day:

Today's Date

Weight

Water (8 oz. glasses)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Exercise Log (Energy During Workout)

LOW MED HIGH

Duration	Calories Burned
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Total:

Morning Time ____:____

Total:
Afternoon Time ____:____

Total:
Evening Time ____:____

Total:
Snacks

Time ____:____

Time ____:____

Time ____:____

Total:
Total for the day:
Calories Energy Mood

	LOW	LOW
	MED	MED
	HIGH	HIGH

Today's Date
 /
Weight

Water (8 oz. glasses)

Exercise Log (Energy During Workout)

LOW MED HIGH

Duration	Calories Burned

Total:

Morning Time ____:____

Calories Energy Mood

	LOW	LOW
	MED	MED
	HIGH	HIGH

Total:

Afternoon Time ____:____

	LOW	LOW
	MED	MED
	HIGH	HIGH

Total:

Evening Time ____:____

	LOW	LOW
	MED	MED
	HIGH	HIGH

Total:

Snacks

Time ____:____

Time ____:____

Time ____:____

	LOW	LOW
	MED	MED
	HIGH	HIGH

Total:

Total for the day:

Today's Date

 /

Weight

Water (8 oz. glasses)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Exercise Log (Energy During Workout)

LOW MED HIGH

Duration	Calories Burned
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Total:

Morning Time ____:____

Calories Energy Mood

	LOW	LOW
	MED	MED
	HIGH	HIGH

Total:
Afternoon Time ____:____

	LOW	LOW
	MED	MED
	HIGH	HIGH

Total:
Evening Time ____:____

	LOW	LOW
	MED	MED
	HIGH	HIGH

Total:
Snacks

Time ____:____

Time ____:____

Time ____:____

	LOW	LOW
	MED	MED
	HIGH	HIGH

Total:
Total for the day:
Today's Date
 /
Weight

Water (8 oz. glasses)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Exercise Log (Energy During Workout)

LOW	MED	HIGH
-----	-----	------

Duration	Calories Burned
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Total:

Morning Time ____:____

Calories Energy Mood

	LOW	LOW
	MED	MED
	HIGH	HIGH

Total:
Afternoon Time ____:____

	LOW	LOW
	MED	MED
	HIGH	HIGH

Total:
Evening Time ____:____

	LOW	LOW
	MED	MED
	HIGH	HIGH

Total:
Snacks

Time ____:____

Time ____:____

Time ____:____

	LOW	LOW
	MED	MED
	HIGH	HIGH

Total:
Total for the day:
Today's Date
 /
Weight

Water (8 oz. glasses)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Exercise Log (Energy During Workout)

LOW	MED	HIGH
-----	-----	------

Duration	Calories Burned
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Total:

chart your **PROGRESS**

How did the week go?

Did you notice foods that give you energy?

What are your goals for next week?

WEEKLY STATISTICS	
Weight	
Chest	
Waist	
Hips	
Right Thigh	
Right Calf	
Right Bicep	

DAYS I TRACKED

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

Morning Time ____:____

Total:

Afternoon Time ____:____

Total:

Evening Time ____:____

Total:

Snacks

	Time ____:____		
	Time ____:____		
	Time ____:____		

Total:

Total for the day:

Today's Date

 /

Weight

Water (8 oz. glasses)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Exercise Log (Energy During Workout)

LOW MED HIGH

Duration	Calories Burned

Total:

Morning Time ____:____

Total:

Afternoon Time ____:____

Total:

Evening Time ____:____

Total:

Snacks

Time ____:____

Time ____:____

Time ____:____

Time ____:____

Time ____:____

Time ____:____

Time ____:____

Time ____:____

Time ____:____

Time ____:____

Time ____:____

Time ____:____

Time ____:____

Time ____:____

Time ____:____

Time ____:____

Time ____:____

Time ____:____

Time ____:____

Time ____:____

Time ____:____

Time ____:____

Total for the day:

Calories Energy Mood

LOW LOW

MED MED

HIGH HIGH

LOW LOW

MED MED

HIGH HIGH

LOW LOW

MED MED

HIGH HIGH

LOW LOW

MED MED

HIGH HIGH

Today's Date

 /

Weight

Water (8 oz. glasses)

Exercise Log (Energy During Workout)

LOW MED HIGH

Duration

Calories Burned

Total:

WEDNESDAY

WEEK

4

Morning Time ____:____

Calories Energy Mood

<input type="text"/>	LOW	LOW
<input type="text"/>	MED	MED
<input type="text"/>	HIGH	HIGH

Total:

Afternoon Time ____:____

<input type="text"/>	LOW	LOW
<input type="text"/>	MED	MED
<input type="text"/>	HIGH	HIGH

Total:

Evening Time ____:____

<input type="text"/>	LOW	LOW
<input type="text"/>	MED	MED
<input type="text"/>	HIGH	HIGH

Total:

Snacks

Time ____:____

Time ____:____

Time ____:____

<input type="text"/>	LOW	LOW
<input type="text"/>	MED	MED
<input type="text"/>	HIGH	HIGH

Total:

Total for the day:

Today's Date

Weight

Water (8 oz. glasses)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Exercise Log (Energy During Workout)

LOW MED HIGH

Duration	Calories Burned
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Total:

Morning Time ____:____

Calories Energy Mood

	LOW	LOW
	MED	MED
	HIGH	HIGH

Total:
Afternoon Time ____:____

	LOW	LOW
	MED	MED
	HIGH	HIGH

Total:
Evening Time ____:____

	LOW	LOW
	MED	MED
	HIGH	HIGH

Total:
Snacks

Time ____:____

Time ____:____

Time ____:____

	LOW	LOW
	MED	MED
	HIGH	HIGH

Total:
Total for the day:
Today's Date
 /
Weight

Water (8 oz. glasses)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Exercise Log (Energy During Workout)

LOW	MED	HIGH
-----	-----	------

Duration	Calories Burned
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Total:

Morning Time ____:____

Total:

Afternoon Time ____:____

Total:

Evening Time ____:____

Total:

Snacks

Time ____:____			
Time ____:____			
Time ____:____			

Total:

Total for the day:

Today's Date

 /

Weight

Water (8 oz. glasses)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Exercise Log (Energy During Workout)

LOW MED HIGH

Duration	Calories Burned

Total:

Morning Time ____:____

Calories Energy Mood

	LOW	LOW
	MED	MED
	HIGH	HIGH

Total:
Afternoon Time ____:____

	LOW	LOW
	MED	MED
	HIGH	HIGH

Total:
Evening Time ____:____

	LOW	LOW
	MED	MED
	HIGH	HIGH

Total:
Snacks

Time ____:____

Time ____:____

Time ____:____

	LOW	LOW
	MED	MED
	HIGH	HIGH

Total:
Total for the day:
Today's Date
 /
Weight

Water (8 oz. glasses)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Exercise Log (Energy During Workout)

LOW	MED	HIGH
-----	-----	------

Duration	Calories Burned
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Total:

Morning Time ____:____

Total:
Afternoon Time ____:____

Total:
Evening Time ____:____

Total:
Snacks

	Time ____:____		
	Time ____:____		
	Time ____:____		

Total:
Total for the day:
Calories Energy Mood

	LOW	LOW
	MED	MED
	HIGH	HIGH

Today's Date
 /
Weight

Water (8 oz. glasses)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Exercise Log (Energy During Workout)

LOW	MED	HIGH
-----	-----	------

Duration	Calories Burned

Total:

chart your **PROGRESS**

How did the week go?

Did you notice foods that give you energy?

What are your goals for next week?

WEEKLY STATISTICS	
Weight	
Chest	
Waist	
Hips	
Right Thigh	
Right Calf	
Right Bicep	

DAYS I TRACKED

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

Morning Time ____:____

Calories Energy Mood

	LOW	LOW
	MED	MED
	HIGH	HIGH

Total:
Afternoon Time ____:____

	LOW	LOW
	MED	MED
	HIGH	HIGH

Total:
Evening Time ____:____

	LOW	LOW
	MED	MED
	HIGH	HIGH

Total:
Snacks

Time ____:____

Time ____:____

Time ____:____

	LOW	LOW
	MED	MED
	HIGH	HIGH

Total:
Total for the day:
Today's Date
 /
Weight

Water (8 oz. glasses)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Exercise Log (Energy During Workout)

LOW	MED	HIGH
-----	-----	------

Duration	Calories Burned
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Total:

TUESDAY

WEEK

5

Morning Time ____:____

_____	Calories	Energy	Mood
_____	<input type="text"/>	LOW	LOW
_____	<input type="text"/>	MED	MED
_____	<input type="text"/>	HIGH	HIGH

Total:

Afternoon Time ____:____

_____	Calories	Energy	Mood
_____	<input type="text"/>	LOW	LOW
_____	<input type="text"/>	MED	MED
_____	<input type="text"/>	HIGH	HIGH

Total:

Evening Time ____:____

_____	Calories	Energy	Mood
_____	<input type="text"/>	LOW	LOW
_____	<input type="text"/>	MED	MED
_____	<input type="text"/>	HIGH	HIGH

Total:

Snacks

_____	Time ____:____	Calories	Energy	Mood
_____	_____	<input type="text"/>	LOW	LOW
_____	_____	<input type="text"/>	MED	MED
_____	_____	<input type="text"/>	HIGH	HIGH

Total:

Total for the day:

Today's Date

Weight

Water (8 oz. glasses)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Exercise Log (Energy During Workout)

LOW MED HIGH

Duration	Calories Burned
_____	<input type="text"/>
_____	<input type="text"/>
_____	<input type="text"/>
_____	<input type="text"/>

Total:

Morning Time ____:____

Calories Energy Mood

	LOW	LOW
	MED	MED
	HIGH	HIGH

Total:
Afternoon Time ____:____

	LOW	LOW
	MED	MED
	HIGH	HIGH

Total:
Evening Time ____:____

	LOW	LOW
	MED	MED
	HIGH	HIGH

Total:
Snacks

Time ____:____

Time ____:____

Time ____:____

	LOW	LOW
	MED	MED
	HIGH	HIGH

Total:
Total for the day:
Today's Date
 /
Weight

Water (8 oz. glasses)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Exercise Log (Energy During Workout)

LOW MED HIGH

Duration	Calories Burned
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Total:

Morning Time ____:____

Calories Energy Mood

	LOW	LOW
	MED	MED
	HIGH	HIGH

Total:
Afternoon Time ____:____

	LOW	LOW
	MED	MED
	HIGH	HIGH

Total:
Evening Time ____:____

	LOW	LOW
	MED	MED
	HIGH	HIGH

Total:
Snacks

Time ____:____

Time ____:____

Time ____:____

	LOW	LOW
	MED	MED
	HIGH	HIGH

Total:
Total for the day:
Today's Date
 /
Weight

Water (8 oz. glasses)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Exercise Log (Energy During Workout)

LOW	MED	HIGH
-----	-----	------

Duration	Calories Burned
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Total:

Morning Time ____:____

Total:

Afternoon Time ____:____

Total:

Evening Time ____:____

Total:

Snacks

	Time ____:____			
	Time ____:____			
	Time ____:____			

Total:

Total for the day:

Today's Date

 /

Weight

Water (8 oz. glasses)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Exercise Log (Energy During Workout)

LOW MED HIGH

Duration	Calories Burned

Total:

Morning Time ____:____

Calories Energy Mood

	LOW	LOW
	MED	MED
	HIGH	HIGH

Total:
Afternoon Time ____:____

	LOW	LOW
	MED	MED
	HIGH	HIGH

Total:
Evening Time ____:____

	LOW	LOW
	MED	MED
	HIGH	HIGH

Total:
Snacks

Time ____:____

Time ____:____

Time ____:____

	LOW	LOW
	MED	MED
	HIGH	HIGH

Total:
Total for the day:
Today's Date
 /
Weight

Water (8 oz. glasses)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Exercise Log (Energy During Workout)

LOW	MED	HIGH
-----	-----	------

Duration	Calories Burned
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Total:

Morning Time ____:____

Calories Energy Mood

	LOW	LOW
	MED	MED
	HIGH	HIGH

Total:
Afternoon Time ____:____

	LOW	LOW
	MED	MED
	HIGH	HIGH

Total:
Evening Time ____:____

	LOW	LOW
	MED	MED
	HIGH	HIGH

Total:
Snacks

	Time ____:____
	Time ____:____
	Time ____:____

	LOW	LOW
	MED	MED
	HIGH	HIGH

Total:
Total for the day:
Today's Date
 /
Weight

Water (8 oz. glasses)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Exercise Log (Energy During Workout)

LOW	MED	HIGH
-----	-----	------

Duration	Calories Burned

Total:

chart your **PROGRESS**

How did the week go?

Did you notice foods that give you energy?

What are your goals for next week?

WEEKLY STATISTICS	
Weight	
Chest	
Waist	
Hips	
Right Thigh	
Right Calf	
Right Bicep	

DAYS I TRACKED

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

MONDAY

WEEK

6

Morning Time ____:____

Calories Energy Mood

	LOW	LOW
	MED	MED
	HIGH	HIGH

Total:

Afternoon Time ____:____

	LOW	LOW
	MED	MED
	HIGH	HIGH

Total:

Evening Time ____:____

	LOW	LOW
	MED	MED
	HIGH	HIGH

Total:

Snacks

Time ____:____

Time ____:____

Time ____:____

	LOW	LOW
	MED	MED
	HIGH	HIGH

Total:

Total for the day:

Today's Date

 /

Weight

Water (8 oz. glasses)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Exercise Log (Energy During Workout)

LOW MED HIGH

	Duration	Calories Burned
<hr/>	<input type="text"/>	<input type="text"/>
<hr/>	<input type="text"/>	<input type="text"/>
<hr/>	<input type="text"/>	<input type="text"/>
<hr/>	<input type="text"/>	<input type="text"/>

Total:

Morning Time ____:____

Total:
Afternoon Time ____:____

Total:
Evening Time ____:____

Total:
Snacks

Time ____:____

Time ____:____

Time ____:____

Total:
Total for the day:
Calories Energy Mood

	LOW	LOW
	MED	MED
	HIGH	HIGH

Today's Date
 /
Weight

Water (8 oz. glasses)

Exercise Log (Energy During Workout)

LOW MED HIGH

Duration	Calories Burned

Total:

WEDNESDAY

WEEK

6

Morning Time ____:____

Calories Energy Mood

<input type="text"/>	LOW	LOW
<input type="text"/>	MED	MED
<input type="text"/>	HIGH	HIGH

Total:

Afternoon Time ____:____

<input type="text"/>	LOW	LOW
<input type="text"/>	MED	MED
<input type="text"/>	HIGH	HIGH

Total:

Evening Time ____:____

<input type="text"/>	LOW	LOW
<input type="text"/>	MED	MED
<input type="text"/>	HIGH	HIGH

Total:

Snacks

Time ____:____

Time ____:____

Time ____:____

<input type="text"/>	LOW	LOW
<input type="text"/>	MED	MED
<input type="text"/>	HIGH	HIGH

Total:

Total for the day:

Today's Date

Weight

Water (8 oz. glasses)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Exercise Log (Energy During Workout)

LOW MED HIGH

Duration	Calories Burned
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Total:

Morning Time ____:____

Calories Energy Mood

	LOW	LOW
	MED	MED
	HIGH	HIGH

Total:

Afternoon Time ____:____

	LOW	LOW
	MED	MED
	HIGH	HIGH

Total:

Evening Time ____:____

	LOW	LOW
	MED	MED
	HIGH	HIGH

Total:

Snacks

Time ____:____

Time ____:____

Time ____:____

	LOW	LOW
	MED	MED
	HIGH	HIGH

Total:

Total for the day:

Today's Date

 /

Weight

Water (8 oz. glasses)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Exercise Log (Energy During Workout)

LOW MED HIGH

Duration	Calories Burned
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Total:

Morning Time ____:____

Total:

Afternoon Time ____:____

Total:

Evening Time ____:____

Total:

Snacks

Time ____:____		
Time ____:____		
Time ____:____		

Total:

Total for the day:

Today's Date

 /

Weight

Water (8 oz. glasses)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Exercise Log (Energy During Workout)

LOW MED HIGH

Duration	Calories Burned

Total:

Morning Time ____:____

Calories Energy Mood

	LOW	LOW
	MED	MED
	HIGH	HIGH

Total:
Afternoon Time ____:____

	LOW	LOW
	MED	MED
	HIGH	HIGH

Total:
Evening Time ____:____

	LOW	LOW
	MED	MED
	HIGH	HIGH

Total:
Snacks

Time ____:____

Time ____:____

Time ____:____

	LOW	LOW
	MED	MED
	HIGH	HIGH

Total:
Total for the day:
Today's Date
 /
Weight

Water (8 oz. glasses)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Exercise Log (Energy During Workout)

LOW	MED	HIGH
-----	-----	------

Duration	Calories Burned
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Total:

Morning Time ____:____

Calories Energy Mood

	LOW	LOW
	MED	MED
	HIGH	HIGH

Total:
Afternoon Time ____:____

	LOW	LOW
	MED	MED
	HIGH	HIGH

Total:
Evening Time ____:____

	LOW	LOW
	MED	MED
	HIGH	HIGH

Total:
Snacks

Time ____:____

Time ____:____

Time ____:____

	LOW	LOW
	MED	MED
	HIGH	HIGH

Total:
Total for the day:
Today's Date
 /
Weight

Water (8 oz. glasses)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Exercise Log (Energy During Workout)

LOW	MED	HIGH
-----	-----	------

Duration	Calories Burned
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Total:

chart your **PROGRESS**

How did the week go?

Did you notice foods that give you energy?

What are your goals for next week?

WEEKLY STATISTICS	
Weight	
Chest	
Waist	
Hips	
Right Thigh	
Right Calf	
Right Bicep	

DAYS I TRACKED

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

Morning Time ____:____

Total:
Afternoon Time ____:____

Total:
Evening Time ____:____

Total:
Snacks

Time ____:____

Time ____:____

Time ____:____

Total:
Total for the day:
Calories Energy Mood

	LOW	LOW
	MED	MED
	HIGH	HIGH

Today's Date
 /
Weight

Water (8 oz. glasses)

Exercise Log (Energy During Workout)

LOW	MED	HIGH
-----	-----	------

Duration	Calories Burned

Total:

Morning Time ____:____

Calories Energy Mood

	LOW	LOW
	MED	MED
	HIGH	HIGH

Total:
Afternoon Time ____:____

	LOW	LOW
	MED	MED
	HIGH	HIGH

Total:
Evening Time ____:____

	LOW	LOW
	MED	MED
	HIGH	HIGH

Total:
Snacks

Time ____:____

Time ____:____

Time ____:____

	LOW	LOW
	MED	MED
	HIGH	HIGH

Total:
Total for the day:
Today's Date
 /
Weight

Water (8 oz. glasses)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Exercise Log (Energy During Workout)

LOW	MED	HIGH
-----	-----	------

Duration	Calories Burned
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Total:

WEDNESDAY

WEEK

7

Morning Time ____:____

Calories Energy Mood

<input type="text"/>	LOW	LOW
<input type="text"/>	MED	MED
<input type="text"/>	HIGH	HIGH

Total:

Afternoon Time ____:____

<input type="text"/>	LOW	LOW
<input type="text"/>	MED	MED
<input type="text"/>	HIGH	HIGH

Total:

Evening Time ____:____

<input type="text"/>	LOW	LOW
<input type="text"/>	MED	MED
<input type="text"/>	HIGH	HIGH

Total:

Snacks

Time ____:____

Time ____:____

Time ____:____

<input type="text"/>	LOW	LOW
<input type="text"/>	MED	MED
<input type="text"/>	HIGH	HIGH

Total:

Total for the day:

Today's Date

Weight

Water (8 oz. glasses)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Exercise Log (Energy During Workout)

LOW MED HIGH

Duration	Calories Burned
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Total:

Morning Time ____:____

Calories Energy Mood

	LOW	LOW
	MED	MED
	HIGH	HIGH

Total:
Afternoon Time ____:____

	LOW	LOW
	MED	MED
	HIGH	HIGH

Total:
Evening Time ____:____

	LOW	LOW
	MED	MED
	HIGH	HIGH

Total:
Snacks

Time ____:____

Time ____:____

Time ____:____

	LOW	LOW
	MED	MED
	HIGH	HIGH

Total:
Total for the day:
Today's Date
 /
Weight

Water (8 oz. glasses)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Exercise Log (Energy During Workout)

LOW	MED	HIGH
-----	-----	------

Duration	Calories Burned
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Total:

Morning Time ____:____

Total:

Afternoon Time ____:____

Total:

Evening Time ____:____

Total:

Snacks

Time ____:____		
Time ____:____		
Time ____:____		

Total:

Total for the day:

Today's Date

 /

Weight

Water (8 oz. glasses)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Exercise Log (Energy During Workout)

LOW MED HIGH

Duration	Calories Burned

Total:

Morning Time ____:____

Calories Energy Mood

	LOW	LOW
	MED	MED
	HIGH	HIGH

Total:
Afternoon Time ____:____

	LOW	LOW
	MED	MED
	HIGH	HIGH

Total:
Evening Time ____:____

	LOW	LOW
	MED	MED
	HIGH	HIGH

Total:
Snacks

Time ____:____

Time ____:____

Time ____:____

	LOW	LOW
	MED	MED
	HIGH	HIGH

Total:
Total for the day:
Today's Date
 /
Weight

Water (8 oz. glasses)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Exercise Log (Energy During Workout)

LOW	MED	HIGH
-----	-----	------

Duration	Calories Burned
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Total:

Morning Time ____:____

Calories Energy Mood

	LOW	LOW
	MED	MED
	HIGH	HIGH

Total:
Afternoon Time ____:____

	LOW	LOW
	MED	MED
	HIGH	HIGH

Total:
Evening Time ____:____

	LOW	LOW
	MED	MED
	HIGH	HIGH

Total:
Snacks

Time ____:		LOW	LOW
Time ____:		MED	MED
Time ____:		HIGH	HIGH

Total:
Total for the day:
Today's Date
 /
Weight

Water (8 oz. glasses)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Exercise Log (Energy During Workout)

LOW	MED	HIGH
-----	-----	------

Duration	Calories Burned
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Total:

chart your **PROGRESS**

How did the week go?

Did you notice foods that give you energy?

What are your goals for next week?

WEEKLY STATISTICS	
Weight	
Chest	
Waist	
Hips	
Right Thigh	
Right Calf	
Right Bicep	

DAYS I TRACKED

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

Morning Time ____:____

Total:
Afternoon Time ____:____

Total:
Evening Time ____:____

Total:
Snacks

Time ____:____

Time ____:____

Time ____:____

Time ____:____

Total:
Total for the day:
Calories Energy Mood

	LOW	LOW
	MED	MED
	HIGH	HIGH

Today's Date
 /
Weight

Water (8 oz. glasses)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Exercise Log (Energy During Workout)

LOW	MED	HIGH
-----	-----	------

Duration	Calories Burned

Total:

Morning Time ____:____

_____	Calories	Energy	Mood
_____	<input type="text"/>	LOW	LOW
_____	<input type="text"/>	MED	MED
_____	<input type="text"/>	HIGH	HIGH

Total:

Afternoon Time ____:____

_____	Calories	Energy	Mood
_____	<input type="text"/>	LOW	LOW
_____	<input type="text"/>	MED	MED
_____	<input type="text"/>	HIGH	HIGH

Total:

Evening Time ____:____

_____	Calories	Energy	Mood
_____	<input type="text"/>	LOW	LOW
_____	<input type="text"/>	MED	MED
_____	<input type="text"/>	HIGH	HIGH

Total:

Snacks

_____	Time ____:____	Calories	Energy	Mood
_____	_____	<input type="text"/>	LOW	LOW
_____	_____	<input type="text"/>	MED	MED
_____	_____	<input type="text"/>	HIGH	HIGH

Total:

Total for the day:

Today's Date

 /

Weight

Water (8 oz. glasses)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Exercise Log (Energy During Workout)

LOW MED HIGH

Duration	Calories Burned
_____	<input type="text"/>
_____	<input type="text"/>
_____	<input type="text"/>
_____	<input type="text"/>

Total:

WEDNESDAY

WEEK

8

Morning Time ____:____

Calories Energy Mood

<input type="text"/>	LOW	LOW
<input type="text"/>	MED	MED
<input type="text"/>	HIGH	HIGH

Total:

Afternoon Time ____:____

<input type="text"/>	LOW	LOW
<input type="text"/>	MED	MED
<input type="text"/>	HIGH	HIGH

Total:

Evening Time ____:____

<input type="text"/>	LOW	LOW
<input type="text"/>	MED	MED
<input type="text"/>	HIGH	HIGH

Total:

Snacks

Time ____:____

Time ____:____

Time ____:____

<input type="text"/>	LOW	LOW
<input type="text"/>	MED	MED
<input type="text"/>	HIGH	HIGH

Total:

Total for the day:

Today's Date

Weight

Water (8 oz. glasses)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Exercise Log (Energy During Workout)

LOW MED HIGH

Duration	Calories Burned
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Total:

Morning Time ____:____

Calories Energy Mood

	LOW	LOW
	MED	MED
	HIGH	HIGH

Total:
Afternoon Time ____:____

	LOW	LOW
	MED	MED
	HIGH	HIGH

Total:
Evening Time ____:____

	LOW	LOW
	MED	MED
	HIGH	HIGH

Total:
Snacks

Time ____:____

Time ____:____

Time ____:____

	LOW	LOW
	MED	MED
	HIGH	HIGH

Total:
Total for the day:

Today's Date

 /

Weight

Water (8 oz. glasses)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Exercise Log (Energy During Workout)

LOW	MED	HIGH
-----	-----	------

Duration	Calories Burned
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Total:

Morning Time ____:____

Total:

Afternoon Time ____:____

Total:

Evening Time ____:____

Total:

Snacks

Time ____:____		
Time ____:____		
Time ____:____		

Total:

Total for the day:

Today's Date

 /

Weight

Water (8 oz. glasses)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Exercise Log (Energy During Workout)

LOW MED HIGH

Duration	Calories Burned

Total:

Morning Time ____:____

Calories Energy Mood

	LOW	LOW
	MED	MED
	HIGH	HIGH

Total:
Afternoon Time ____:____

	LOW	LOW
	MED	MED
	HIGH	HIGH

Total:
Evening Time ____:____

	LOW	LOW
	MED	MED
	HIGH	HIGH

Total:
Snacks

Time ____:____

Time ____:____

Time ____:____

	LOW	LOW
	MED	MED
	HIGH	HIGH

Total:
Total for the day:

Today's Date

 /

Weight

Water (8 oz. glasses)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Exercise Log (Energy During Workout)

LOW	MED	HIGH
-----	-----	------

Duration	Calories Burned
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Total:

Morning Time ____:____

Total:
Afternoon Time ____:____

Total:
Evening Time ____:____

Total:
Snacks

Time ____:____

Time ____:____

Time ____:____

Total:
Total for the day:
Calories Energy Mood

	LOW	LOW
	MED	MED
	HIGH	HIGH

Today's Date
 /
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Water (8 oz. glasses)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Exercise Log (Energy During Workout)

LOW	MED	HIGH
-----	-----	------

Duration	Calories Burned

Total:

chart your **PROGRESS**

How did the week go?

Did you notice foods that give you energy?

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WEEKLY STATISTICS	
Weight	
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Right Thigh	
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DAYS I TRACKED

- Monday
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