

FOOD AND ACTIVITY DIARY

Week Of: -

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Breakfast	 <input type="checkbox"/> T <input type="checkbox"/> A <input type="checkbox"/> B	 <input type="checkbox"/> T <input type="checkbox"/> A <input type="checkbox"/> B	 <input type="checkbox"/> T <input type="checkbox"/> A <input type="checkbox"/> B	 <input type="checkbox"/> T <input type="checkbox"/> A <input type="checkbox"/> B	 <input type="checkbox"/> T <input type="checkbox"/> A <input type="checkbox"/> B	 <input type="checkbox"/> T <input type="checkbox"/> A <input type="checkbox"/> B	 <input type="checkbox"/> T <input type="checkbox"/> A <input type="checkbox"/> B
Snack	 <input type="checkbox"/> T <input type="checkbox"/> A <input type="checkbox"/> B	 <input type="checkbox"/> T <input type="checkbox"/> A <input type="checkbox"/> B	 <input type="checkbox"/> T <input type="checkbox"/> A <input type="checkbox"/> B	 <input type="checkbox"/> T <input type="checkbox"/> A <input type="checkbox"/> B	 <input type="checkbox"/> T <input type="checkbox"/> A <input type="checkbox"/> B	 <input type="checkbox"/> T <input type="checkbox"/> A <input type="checkbox"/> B	 <input type="checkbox"/> T <input type="checkbox"/> A <input type="checkbox"/> B
Lunch	 <input type="checkbox"/> T <input type="checkbox"/> A <input type="checkbox"/> B	 <input type="checkbox"/> T <input type="checkbox"/> A <input type="checkbox"/> B	 <input type="checkbox"/> T <input type="checkbox"/> A <input type="checkbox"/> B	 <input type="checkbox"/> T <input type="checkbox"/> A <input type="checkbox"/> B	 <input type="checkbox"/> T <input type="checkbox"/> A <input type="checkbox"/> B	 <input type="checkbox"/> T <input type="checkbox"/> A <input type="checkbox"/> B	 <input type="checkbox"/> T <input type="checkbox"/> A <input type="checkbox"/> B
Snack	 <input type="checkbox"/> T <input type="checkbox"/> A <input type="checkbox"/> B	 <input type="checkbox"/> T <input type="checkbox"/> A <input type="checkbox"/> B	 <input type="checkbox"/> T <input type="checkbox"/> A <input type="checkbox"/> B	 <input type="checkbox"/> T <input type="checkbox"/> A <input type="checkbox"/> B	 <input type="checkbox"/> T <input type="checkbox"/> A <input type="checkbox"/> B	 <input type="checkbox"/> T <input type="checkbox"/> A <input type="checkbox"/> B	 <input type="checkbox"/> T <input type="checkbox"/> A <input type="checkbox"/> B
Dinner	 <input type="checkbox"/> T <input type="checkbox"/> A <input type="checkbox"/> B	 <input type="checkbox"/> T <input type="checkbox"/> A <input type="checkbox"/> B	 <input type="checkbox"/> T <input type="checkbox"/> A <input type="checkbox"/> B	 <input type="checkbox"/> T <input type="checkbox"/> A <input type="checkbox"/> B	 <input type="checkbox"/> T <input type="checkbox"/> A <input type="checkbox"/> B	 <input type="checkbox"/> T <input type="checkbox"/> A <input type="checkbox"/> B	 <input type="checkbox"/> T <input type="checkbox"/> A <input type="checkbox"/> B
Total Intake Calories:							
Activity							
Total Output Calories:							
NET CALORIES <i>(Intake Minus Output)</i>							

T = Tired A = Angry B = Bored

Next Week's Goal: