

Mon	Tue	Wed	Thu	Fri	Sat	Sun
Food	Food	Food	Food	Food	Food	Food
Total calories: <input type="text"/>	Total calories: <input type="text"/>	Total calories: <input type="text"/>	Total calories: <input type="text"/>	Total calories: <input type="text"/>	Total calories: <input type="text"/>	Total calories: <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"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Oops! Unplanned snacks or drinks	Oops! Unplanned snacks or drinks	Oops! Unplanned snacks or drinks	Oops! Unplanned snacks or drinks	Oops! Unplanned snacks or drinks	Oops! Unplanned snacks or drinks	Oops! Unplanned snacks or drinks
Your 5 a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Your 5 a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Your 5 a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Your 5 a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Your 5 a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Your 5 a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Your 5 a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Activity	Activity	Activity	Activity	Activity	Activity	Activity
Total minutes: <input type="text"/>	Total minutes: <input type="text"/>	Total minutes: <input type="text"/>	Total minutes: <input type="text"/>	Total minutes: <input type="text"/>	Total minutes: <input type="text"/>	Total minutes: <input type="text"/>
Aerobic exercise mins <input type="text"/> <input type="text"/>	Aerobic exercise mins <input type="text"/> <input type="text"/>	Aerobic exercise mins <input type="text"/> <input type="text"/>	Aerobic exercise mins <input type="text"/> <input type="text"/>	Aerobic exercise mins <input type="text"/> <input type="text"/>	Aerobic exercise mins <input type="text"/> <input type="text"/>	Aerobic exercise mins <input type="text"/> <input type="text"/>
Strength exercise mins <input type="checkbox"/> <input type="checkbox"/>	Strength exercise mins <input type="checkbox"/> <input type="checkbox"/>	Strength exercise mins <input type="checkbox"/> <input type="checkbox"/>	Strength exercise mins <input type="checkbox"/> <input type="checkbox"/>	Strength exercise mins <input type="checkbox"/> <input type="checkbox"/>	Strength exercise mins <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Strength exercise mins <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>

Start of the week	
Weight	Waist
<input type="text"/>	<input type="text"/>
kg/lbs	cms/in



End of the week	
Weight	Waist
<input type="text"/>	<input type="text"/>
kg/lbs	cms/in