

Weekly food and activity chart



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 checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
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 checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Your 5 a day <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Your 5 a day <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Your 5 a day <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Your 5 a day <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Your 5 a day <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Your 5 a day <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" 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"/>
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Strength exercise mins <input type="text"/> <input type="text"/>	Strength exercise mins <input type="text"/> <input type="text"/>	Strength exercise mins <input type="text"/> <input type="text"/>	Strength exercise mins <input type="text"/> <input type="text"/>	Strength exercise mins <input type="text"/> <input type="text"/>	Strength exercise mins <input type="text"/> <input type="text"/>	Strength exercise mins <input type="text"/> <input type="text"/>
<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>

Weekly summary

Start of the week

Weight	Waist
kg/lbs	cms/in

Aerobic exercise: 10 mins 30 mins 60 mins 90 mins 120 mins 150 mins+

Your weight loss tracker - Record your weight and waist size at the start and end of each week to help you stay on track

Strength exercise: mon tues wed thurs fri sat sun

1 session on 2 or more days a week

End of the week

Weight	Waist
kg/lbs	cms/in