

WEEK OF: ___/___/___

Weight: _____

GOAL for the WEEK:

	BREAKFAST	LUNCH	DINNER	SNACKS	ACTIVITY
SUNDAY	Time:	Time:	Time:	Time:	
MONDAY	Time:	Time:	Time:	Time:	
TUESDAY	Time:	Time:	Time:	Time:	
WED	Time:	Time:	Time:	Time:	

THUR	Time:	Time:	Time:	Time:	
FRIDAY	Time:	Time:	Time:	Time:	
SATURDAY	Time:	Time:	Time:	Time:	

GOAL MET? YES/NO Comments: _____