

#### **Next steps**

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		carry weight calone					
Day 1	Start date		Day of the week				
Meal		Food/Drinl	<	Carbs	Fat	Calories	
Breakfast							
Snack							
Lunch							
Snack							
Dinner							
Diffile							
Snack							
			Totals for the day:				
Did you drink 8 glasses of water today? Yes No How many did you drink?							
Review of	Review of the day:						



Day 2	Start date		Day of the week				
Meal		Food/Drin	<		Carbs	Fat	Calories
Breakfast							
Snack							
Lunch							
Snack							
Dinner							
Snack							
			Totals for th	ne day:			
Did you d	rink 8 glasses	of water today? Yes	No How ma	any did	you drinl	</th <th></th>	
Review of the day:							



Day 3	Start date Day	of the week				
Meal	Food/Drink		Carbs	Fat	Calories	
Breakfast						
_						
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-						
Snack						
Lunch						
-						
_						
Snack						
Dinner						
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_						
C l.						
Snack		Totals for the day				
		Totals for the day				
Did you drink 8 glasses of water today? Yes No How many did you drink?						



Day 4	Start date Day	of the week					
Meal	Food/Drink		Carbs	Fat	Calories		
Breakfast							
-							
Snack							
Lunch							
Snack							
Dinner							
-							
Snack							
		Totals for the day:					
Did you drink 8 glasses of water today? Yes No How many did you drink?							



Day 5	Start date	Day of the week					
Meal	Food/Dri	nk	Carbs	Fat	Calories		
Breakfast							
_							
_							
-							
-							
Snack							
Lunch							
_							
6 1							
Snack							
Dinner							
-							
_							
-							
Snack							
		Totals for the day:					
Did you dı	rink 8 glasses of water today? Ye	s No How many did	you drinl	k?			
Review of the day:							



Day 6	Start date	Day of the week				
Meal	Food/Drin	k	Carbs	Fat	Calories	
Breakfast						
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_						
Snack						
Lunch						
_						
_						
-						
-						
-						
Snack						
Dinner						
_						
_						
Const						
Snack		Takala familia alas				
		Totals for the day	:			
Did you drink 8 glasses of water today? Yes No How many did you drink?						
Review of	the day:					



Day 7	Start date	Day of the week			
Meal	Food/Drink		Carbs	Fat	Calories
Breakfast					
Con a de					
Snack Lunch					
Lunch					
Snack					
Dinner					
Snack					
		Totals for the day:			
		is any is a medical.			
Did you d	rink 8 glasses of water today? Yes	No How many did	vou drinl	<i>(</i> ?	
			you unin	\`	
Review of	the day:				