

HEALTH & FITNESS TRACKER

NUTRITION

Week of _____ - _____ Year _____

Basics	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fruits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Daily Supplements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meal Journal	*	*	*	*	*	*	*
Breakfast							
Snack							
Lunch							
Snack							
Dinner							
Snack							

* Track your daily intake of protein, carbohydrates or fats in this area in the form of grams, calories, etc.