

Name: _____

Date	Time	Description	Exercise
Sunday Date: _____ H2O: □□□□□□□□□□ CLO: □□ Flax: □□ WG: □□ S/C: □□	Breakfast Time: _____		
	Snack Time: _____		
	Lunch Time: _____		
	Snack Time: _____		
	Dinner Time: _____		
	Snack Time: _____		
	Monday Date: _____ H2O: □□□□□□□□□□ CLO: □□ Flax: □□ WG: □□ S/C: □□	Breakfast Time: _____	
Snack Time: _____			
Lunch Time: _____			
Snack Time: _____			
Dinner Time: _____			
Snack Time: _____			
Tuesday Date: _____ H2O: □□□□□□□□□□ CLO: □□ Flax: □□ WG: □□ S/C: □□		Breakfast Time: _____	
	Snack Time: _____		
	Lunch Time: _____		
	Snack Time: _____		
	Dinner Time: _____		
	Snack Time: _____		

Wednesday <i>Date:</i> H2O: <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 type="checkbox"/> CLO: <input type="checkbox"/> <input type="checkbox"/> Flax: <input type="checkbox"/> <input type="checkbox"/> WG: <input type="checkbox"/> <input type="checkbox"/> S/C: <input type="checkbox"/> <input type="checkbox"/>	Breakfast <i>Time:</i>		
	Snack <i>Time:</i>		
	Lunch <i>Time:</i>		
	Snack <i>Time:</i>		
	Dinner <i>Time:</i>		
	Snack <i>Time:</i>		
Thursday <i>Date:</i> H2O: <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"/> CLO: <input type="checkbox"/> <input type="checkbox"/> Flax: <input type="checkbox"/> <input type="checkbox"/> WG: <input type="checkbox"/> <input type="checkbox"/> S/C: <input type="checkbox"/> <input type="checkbox"/>	Breakfast <i>Time:</i>		
	Snack <i>Time:</i>		
	Lunch <i>Time:</i>		
	Snack <i>Time:</i>		
	Dinner <i>Time:</i>		
	Snack <i>Time:</i>		
Friday <i>Date:</i> H2O: <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"/> CLO: <input type="checkbox"/> <input type="checkbox"/> Flax: <input type="checkbox"/> <input type="checkbox"/> WG: <input type="checkbox"/> <input type="checkbox"/> S/C: <input type="checkbox"/> <input type="checkbox"/>	Breakfast <i>Time:</i>		
	Snack <i>Time:</i>		
	Lunch <i>Time:</i>		
	Snack <i>Time:</i>		
	Dinner <i>Time:</i>		
	Snack <i>Time:</i>		

Saturday <i>Date:</i> H2O: <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"/> CLO: <input type="checkbox"/> <input type="checkbox"/> Flax: <input type="checkbox"/> <input type="checkbox"/> WG: <input type="checkbox"/> <input type="checkbox"/> S/C: <input type="checkbox"/> <input type="checkbox"/>	Breakfast <i>Time:</i>		
	Snack <i>Time:</i>		
	Lunch <i>Time:</i>		
	Snack <i>Time:</i>		
	Dinner <i>Time:</i>		
	Snack <i>Time:</i>		