

Mon	Tue	Wed	Thu	Fri	Sat	Sun
<b>Food</b>	<b>Food</b>	<b>Food</b>	<b>Food</b>	<b>Food</b>	<b>Food</b>	<b>Food</b>
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 type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
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"/>
<b>Activity</b>	<b>Activity</b>	<b>Activity</b>	<b>Activity</b>	<b>Activity</b>	<b>Activity</b>	<b>Activity</b>
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	Aerobic exercise mins	Aerobic exercise mins	Aerobic exercise mins	Aerobic exercise mins	Aerobic exercise mins	Aerobic exercise mins
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
Strength exercise mins	Strength exercise mins	Strength exercise mins	Strength exercise mins	Strength exercise mins	Strength exercise mins	Strength exercise mins
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>

Start of the week	
Weight	Waist
<input type="text"/>	<input type="text"/>
kg/lbs	cms/in



End of the week	
Weight	Waist
<input type="text"/>	<input type="text"/>
kg/lbs	cms/in