

“Do *something* today that your future self will thank you for.”

WEEK 1			WEEK 2			WEEK 3			WEEK 4			WEEK 5			
	Exercise	Food	H2O		Exercise	Food	H2O		Exercise	Food	H2O		Exercise	Food	H2O
SUN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SUN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SUN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SUN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MON	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MON	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MON	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MON	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TUE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TUE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TUE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TUE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
THU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	THU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	THU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	THU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FRI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FRI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FRI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FRI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SAT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SAT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SAT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SAT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weight _____	Arms _____	/		Weight _____	Arms _____	/		Weight _____	Arms _____	/		Weight _____	Arms _____	/	
Waist _____	Thighs _____	/		Waist _____	Thighs _____	/		Waist _____	Thighs _____	/		Waist _____	Thighs _____	/	

Food & Exercise Tracker

Notes