

Lifestyle Balance



Name: _____

Goals: Weight _____ pounds.

Activity _____ minutes per week. (Month Year)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Totals
Activity _____ Weight _____ <input type="checkbox"/> Recorded diet	Activity _____ Weight _____ <input type="checkbox"/> Recorded diet	Activity _____ Weight _____ <input type="checkbox"/> Recorded diet	Activity _____ Weight _____ <input type="checkbox"/> Recorded diet	Activity _____ Weight _____ <input type="checkbox"/> Recorded diet	Activity _____ Weight _____ <input type="checkbox"/> Recorded diet	Activity _____ Weight _____ <input type="checkbox"/> Recorded diet	Weekly Activity _____ minutes
Activity _____ Weight _____ <input type="checkbox"/> Recorded diet	Activity _____ Weight _____ <input type="checkbox"/> Recorded diet	Activity _____ Weight _____ <input type="checkbox"/> Recorded diet	Activity _____ Weight _____ <input type="checkbox"/> Recorded diet	Activity _____ Weight _____ <input type="checkbox"/> Recorded diet	Activity _____ Weight _____ <input type="checkbox"/> Recorded diet	Activity _____ Weight _____ <input type="checkbox"/> Recorded diet	Weekly Activity _____ minutes
Activity _____ Weight _____ <input type="checkbox"/> Recorded diet	Activity _____ Weight _____ <input type="checkbox"/> Recorded diet	Activity _____ Weight _____ <input type="checkbox"/> Recorded diet	Activity _____ Weight _____ <input type="checkbox"/> Recorded diet	Activity _____ Weight _____ <input type="checkbox"/> Recorded diet	Activity _____ Weight _____ <input type="checkbox"/> Recorded diet	Activity _____ Weight _____ <input type="checkbox"/> Recorded diet	Weekly Activity _____ minutes
Activity _____ Weight _____ <input type="checkbox"/> Recorded diet	Activity _____ Weight _____ <input type="checkbox"/> Recorded diet	Activity _____ Weight _____ <input type="checkbox"/> Recorded diet	Activity _____ Weight _____ <input type="checkbox"/> Recorded diet	Activity _____ Weight _____ <input type="checkbox"/> Recorded diet	Activity _____ Weight _____ <input type="checkbox"/> Recorded diet	Activity _____ Weight _____ <input type="checkbox"/> Recorded diet	Weekly Activity _____ minutes