Date:	Day #	#	Date:		Day #	
NUTRITIO	N			WE	I G H T	S
Meal/Snack Description	Est. Calories	Time	Exercises	1 2	3 4	5
				REPS REPS REPS		REPS
				REPS REPS LBS.		REPS
				REPS REPS REPS		REPS
				REPS REPS REPS		REPS
				REPS REPS REPS		REPS
				REPS REPS REPS		REPS
				REPS REPS REPS		REPS
				REPS REPS LBS.	= $=$ $=$	REPS
				REPS REPS REPS		REPS
				REPS REPS REPS	= $=$ $=$	REPS
EVALUATI				C A	R D I	0
Did you skip any meals? If so, how many	?		Machine:	Total Minutes:	Level:	
Did you eat your meals on time?		Yes No	Calories Burned:	Avg. HR:	Avg. RPM:	
How many calories were you above/belo	w your target? -	']	-		
How many hours of sleep did you get last night?			Notes:			
Were you too hungry or too stuffed today	y? Hungry	, Stuffed	d			
Did you get all of your scheduled exercise	e in today?	Yes No				