



Keeping Track

Name _____

Starting Date _____

To do this week:

Goals

	Fat Grams	Calories	Minutes of Activity
Daily			
Weekly			

Totals

	Fat Grams	Calories	Minutes of Activity	Weight
Day 1				
Day 2				
Day 3				
Day 4				
Day 5				
Day 6				
Day 7				
Total				

Name _____ Week _____