

Keeping Track

Name _____

Starting Date _____

To do this week:

Day of	f WeekDate			
Fat Gram GoalCalorie Goal				
Time	Food: Amount and Name/Description	Fat Gram	Calories	
-				

Time	Food: Amount and Name/Description	Fat Grams	Calories
	Daily Totals		
	Kind of Physical Activ	ity	Minutes

Daily Total Activity Minutes _____ Daily Activity Goal (minutes) _____

Fat Budget	Over Budget
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	40
	35
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	25
	20
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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 _____