

Weekly Planner

Week:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Food	Food	Food	Food	Food	Food	Food
Total Calories <input type="text"/>	Total Calories <input type="text"/>	Total Calories <input type="text"/>	Total Calories <input type="text"/>	Total Calories <input type="text"/>	Total Calories <input type="text"/>	Total Calories <input type="text"/>
Is the total in line with your recommended daily intake? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the total in line with your recommended daily intake? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the total in line with your recommended daily intake? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the total in line with your recommended daily intake? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the total in line with your recommended daily intake? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the total in line with your recommended daily intake? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the total in line with your recommended daily intake? <input type="checkbox"/> Yes <input type="checkbox"/> No
Your 5 a day <input type="text"/>	Your 5 a day <input type="text"/>	Your 5 a day <input type="text"/>	Your 5 a day <input type="text"/>	Your 5 a day <input type="text"/>	Your 5 a day <input type="text"/>	Your 5 a day <input type="text"/>
Unplanned snacks or drinks	Unplanned snacks or drinks	Unplanned snacks or drinks	Unplanned snacks or drinks	Unplanned snacks or drinks	Unplanned snacks or drinks	Unplanned snacks or drinks
Activity	Activity	Activity	Activity	Activity	Activity	Activity
Total minutes <input type="text"/>	Total minutes <input type="text"/>	Total minutes <input type="text"/>	Total minutes <input type="text"/>	Total minutes <input type="text"/>	Total minutes <input type="text"/>	Total minutes <input type="text"/>
Aerobic exercise Type of training <input type="text"/>	Aerobic exercise Type of training <input type="text"/>	Aerobic exercise Type of training <input type="text"/>	Aerobic exercise Type of training <input type="text"/>	Aerobic exercise Type of training <input type="text"/>	Aerobic exercise Type of training <input type="text"/>	Aerobic exercise Type of training <input type="text"/>
Duration <input type="text"/>	Duration <input type="text"/>	Duration <input type="text"/>	Duration <input type="text"/>	Duration <input type="text"/>	Duration <input type="text"/>	Duration <input type="text"/>
Strength exercise Type of training <input type="text"/>	Strength exercise Type of training <input type="text"/>	Strength exercise Type of training <input type="text"/>	Strength exercise Type of training <input type="text"/>	Strength exercise Type of training <input type="text"/>	Strength exercise Type of training <input type="text"/>	Strength exercise Type of training <input type="text"/>
Duration <input type="text"/>	Duration <input type="text"/>	Duration <input type="text"/>	Duration <input type="text"/>	Duration <input type="text"/>	Duration <input type="text"/>	Duration <input type="text"/>

Weekly Summary

Start of week		Total calories	
Weight	Waist	Total calories (under)	
kgs/lbs	cm	Total calories (over)	
End of week		Total aerobic training	
Weight	Waist	Total strength training	
kgs/lbs	cm	BMI	