

CALORIE & MACRO TRACKER

DATE: _____

WEIGHT: _____

GOAL: _____

MEAL/TIME	FOOD & BEVERAGE ITEMS	CALORIES	PROTEIN	CARBS	FAT
Breakfast					
Snack					
Lunch					
Snack					
Dinner					
Other					
Other					
DAILY TOTALS					

WATER INTAKE (OZ/ML)

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EXERCISE / ACTIVITY
ACTIVE CALORIES BURNT
NET CALORIE DEFICIT/SURPLUS

DAILY NOTES (SLEEP, ENERGY, MOOD)

TEMPLATE ONLY â€” MINIMALIST HEALTH SERIES