

ACTIVITY & CALORIE TRACKER

Week Starting: _____

Name:

Target Daily Intake:

Weight Goal:

DAY	PHYSICAL ACTIVITY / EXERCISE	DURATION	CALORIE INTAKE	NET +/-
Mon				
Tue				
Wed				
Thu				
Fri				
Sat				
Sun				
Weekly Totals / Averages:				

WEEKLY REFLECTIONS & HEALTH NOTES

Template intended for personal tracking. Consult a healthcare professional before beginning new exercise or diet regimens.