

CALORIE DEFICIT MONITORING

WEEK OF: _____
MAINTENANCE CALORIES: _____
TARGET DEFICIT: _____

DAY	CALS CONSUMED	ACTIVE BURN	NET TOTAL	NOTES / MOOD
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

WEEKLY REFLECTION
TOTAL WEEKLY DEFICIT: _____
WEIGHT CHANGE (+/-): _____