


































WEEKLY FOOD JOURNAL

|           | BREAKFAST | LUNCH | SNACKS |
|-----------|-----------|-------|--------|
| MONDAY    |           |       |        |
| TUESDAY   |           |       |        |
| WEDNESDAY |           |       |        |
| THURSDAY  |           |       |        |
| FRIDAY    |           |       |        |
| SATURDAY  |           |       |        |
| SUNDAY    |           |       |        |

| DINNER | WATER*  | EXERCISE |
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\*Track each 8-ounce glass of water or calorie-free liquid.

# MEDICATION CHART

|  | S | M | T | W | T | F | S |
|--|---|---|---|---|---|---|---|
| <b>NAME:</b><br>.....<br><b>DOSE:</b><br>.....<br><b>FREQUENCY:</b><br>.....<br><b>FOR:</b><br>..... |   |   |   |   |   |   |   |
| <b>NAME:</b><br>.....<br><b>DOSE:</b><br>.....<br><b>FREQUENCY:</b><br>.....<br><b>FOR:</b><br>..... |   |   |   |   |   |   |   |
| <b>NAME:</b><br>.....<br><b>DOSE:</b><br>.....<br><b>FREQUENCY:</b><br>.....<br><b>FOR:</b><br>..... |   |   |   |   |   |   |   |
| <b>NAME:</b><br>.....<br><b>DOSE:</b><br>.....<br><b>FREQUENCY:</b><br>.....<br><b>FOR:</b><br>..... |   |   |   |   |   |   |   |
| <b>NAME:</b><br>.....<br><b>DOSE:</b><br>.....<br><b>FREQUENCY:</b><br>.....<br><b>FOR:</b><br>..... |   |   |   |   |   |   |   |

