move personal training

Date: _____ (Day _____ of _____) □ Weekday □ Weekend

Wake up Time:	Activities Today (Type & Duration):	Calories Burned During the Day
am/pm		kcal
Bed Time:		**Calories Burned During Workout**
am/pm		kcal
Nap (if any):		**Food Intake**
am/pm		□ Splurged □ Normal □ Less than usual

Time	Place (home/out)	Food/Beverage/Water	Description (brand, fresh, frozen, can, home-made, sweetened, etc	Amount (cup, tbsp)	Comments/ Calories

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