

## Weekly Journal

Week Of: \_\_\_\_\_

Name: \_\_\_\_\_

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>LIQUIDS</b>							
<b>FOOD</b>							
<b>EXERCISE*</b> Type Intensity 1-low 2-medium 3-high Length in mins.							
<b>ENERGY 0-10</b>							
<b>PMA 0-10</b>							
<b>Other Comments</b>							