



FITTING IN FITNESS
Lifestyle Change Tracking Sheet
 Week of _____, _____
 Month Day Year



Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Weight						
Cardio Activity Time Heart Rate Avg. Peak						
Strength Training Arms / Shoulders / Back / Abs / Legs Time	Strength Training Arms / Shoulders / Back / Abs / Legs Time	Strength Training Arms / Shoulders / Back / Abs / Legs Time	Strength Training Arms / Shoulders / Back / Abs / Legs Time	Strength Training Arms / Shoulders / Back / Abs / Legs Time	Strength Training Arms / Shoulders / Back / Abs / Legs Time	Strength Training Arms / Shoulders / Back / Abs / Legs Time
Water 1-2-3-4-5-6-7-8						
Calories/Food Journal Breakfast- Snack- Lunch- Snack- Dinner-						

Weekly Measurements: Bust _____ Hips _____ Thigh (R or L) _____ BMI _____