



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



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

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