LIVE IT TRACKER

Name:_____ Bible Study:_____ Week:_____ Date:_____

My activity goal for next week:_____ Weight:_____ Activity Level:

☐None ☐<30 min/day ☐30-60 min/day Loss/Gain:_____ ☐None ☐<30 min/day ☐30-60 min/day

My food goal for next week:_____

_____

My week at a glance:

☐Great ☐So-so ☐Not so great

Scripture Memory Verse:_____

_____

_____

_____

RECOMMENDED DAILY AMOUNT OF FOOD FROM EACH GROUP

GROUP	DAILY CALORIES					CALORIE RANGE: 1300 – 1400		
. . . . .	1300 – 1400	1500 – 1600	1700 – 1800	1900 – 2000	2100 – 2200	2300 – 2400	2500 – 2600	2700 – 2800
Fruits	1.5 – 2 c.	1.5 – 2 c.	1.5 – 2 c.	2 – 2.5 c.	2 – 2.5 c.	2.5 – 3.5 c.	3.5 – 4.5 c.	3.5 – 4.5 c.
Vegetables	1.5 – 2 c.	2 – 2.5 c.	2.5 – 3 c.	2.5 – 3 c.	3 – 3.5 c.	3.5 – 4.5 c.	4.5 – 5 c.	4.5 – 5 c.
Grains	5 oz.- eq.	5 – 6 oz.- eq.	6 – 7 oz.- eq.	6 – 7 oz.- eq.	7 – 8 oz.- eq.	8 – 9 oz.- eq.	9 – 10 oz.- eq.	10 – 11 oz.- eq.
Dairy	2 – 3 c.	3 c.	3 c.	3 c.	3 c.	3 c.	3 c.	3 c.
Protein	4 oz.- eq.	5 oz.- eq.	5 – 5.5 oz.- eq.	5.5 – 6.5 oz.- eq.	6.5 – 7 oz.- eq.	7 – 7.5 oz.- eq.	7 – 7.5 oz.- eq.	7.5 – 8 oz.- eq.
Healthy Oils & Other Fats	4 tsp.	5 tsp.	5 tsp.	6 tsp.	6 tsp.	7 tsp.	8 tsp.	8 tsp.
Water & Super Beverages*	Women: 9 c. Men: 13 c.	Women: 9 c. Men: 13 c.	Women: 9 c. Men: 13 c.	Women: 9 c. Men: 13 c.	Women: 9 c. Men: 13 c.	Women: 9 c. Men: 13 c.	Women: 9 c. Men: 13 c.	Women: 9 c. Men: 13 c.

*May count up to 3 caffeinated tea or coffee toward goal

DAILY FOOD GROUP TRACKER

	GROUP	FRUITS	VEGETABLES	GRAINS	DAIRY	PROTEIN	HEALTHY OILS & OTHER FATS	WATER & SUPER BEVERAGES
1	Estimate Total							
2	Estimate Total							
3	Estimate Total							
4	Estimate Total							
5	Estimate Total							
6	Estimate Total							
7	Estimate Total							

	BREAKFAST	LUNCH	DINNER	SNACKS	BEVERAGES
Day 1	Time:_____	Time:_____	Time:_____	_____	Water & Other Beverages:
Medications:	_____	_____	_____	_____	☐☐☐☐
☐Morning ☐Noon	_____	_____	_____	_____	☐☐☐☐☐
☐Evening ☐Bedtime	_____	_____	_____	_____	☐☐☐☐
Notes:_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Physical Activity:_____

Spiritual Activity:_____

	BREAKFAST	LUNCH	DINNER	SNACKS	BEVERAGES
Day 2	Time:_____	Time:_____	Time:_____	_____	Water & Other Beverages:
Medications:	_____	_____	_____	_____	☐☐☐☐
☐Morning ☐Noon	_____	_____	_____	_____	☐☐☐☐☐
☐Evening ☐Bedtime	_____	_____	_____	_____	☐☐☐☐
Notes:_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Physical Activity:_____

Spiritual Activity:_____

LIVE IT TRACKER

	BREAKFAST	LUNCH	DINNER	SNACKS	BEVERAGES
Day 3 Medications: ☐Morning ☐Noon ☐Evening ☐Bedtime Notes:	Time:	Time:	Time:		Water & Other Beverages: ☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐
Physical Activity:					
Spiritual Activity:					
Day 4 Medications: ☐Morning ☐Noon ☐Evening ☐Bedtime Notes:	Time:	Time:	Time:		Water & Other Beverages: ☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐
Physical Activity:					
Spiritual Activity:					
Day 5 Medications: ☐Morning ☐Noon ☐Evening ☐Bedtime Notes:	Time:	Time:	Time:		Water & Other Beverages: ☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐
Physical Activity:					
Spiritual Activity:					
Day 6 Medications: ☐Morning ☐Noon ☐Evening ☐Bedtime Notes:	Time:	Time:	Time:		Water & Other Beverages: ☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐
Physical Activity:					
Spiritual Activity:					
Day 7 Medications: ☐Morning ☐Noon ☐Evening ☐Bedtime Notes:	Time:	Time:	Time:		Water & Other Beverages: ☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐
Physical Activity:					
Spiritual Activity:					