



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:
Scripture Memory Verse: _____ Great So-so Not so great

RECOMMENDED DAILY AMOUNT OF FOOD FROM EACH GROUP	GROUP	DAILY CALORIES							
	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							

Day 1

Notes: _____

Time: _____ Meal: _____

Time: _____ Snack: _____

Time: _____ Meal: _____

Time: _____ Snack: _____

Time: _____ Meal: _____

Time: _____ Snack: _____

Water & Other Beverages: _____

Estimate Totals	F:	V:	G:	D:	P:	O:	W:
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Physical Activity: _____
Spiritual Activity: _____

Day 2

Notes: _____

Time: _____ Meal: _____

Time: _____ Snack: _____

Time: _____ Meal: _____

Time: _____ Snack: _____

Time: _____ Meal: _____

Time: _____ Snack: _____

Water & Other Beverages: _____

Estimate Totals	F:	V:	G:	D:	P:	O:	W:
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Physical Activity: _____
Spiritual Activity: _____

F = Fruits, V = Vegetables, G = Grains, D = Dairy, P = Protein, O = Healthy Oils & Other Fats, W = Water & Super Beverages



LIVE IT TRACKER

Day 3 Notes: _____ _____ _____	Time: _____ Meal: _____	Water & Other Beverages: _____ _____ _____					
	Time: _____ Snack: _____						
	Time: _____ Meal: _____						
	Time: _____ Snack: _____						
	Time: _____ Meal: _____						
	Time: _____ Snack: _____						
Estimate Totals	F: _____	V: _____	G: _____	D: _____	P: _____	O: _____	W: _____

Physical Activity: _____
 Spiritual Activity: _____

Day 4 Notes: _____ _____ _____	Time: _____ Meal: _____	Water & Other Beverages: _____ _____ _____					
	Time: _____ Snack: _____						
	Time: _____ Meal: _____						
	Time: _____ Snack: _____						
	Time: _____ Meal: _____						
	Time: _____ Snack: _____						
Estimate Totals	F: _____	V: _____	G: _____	D: _____	P: _____	O: _____	W: _____

Physical Activity: _____
 Spiritual Activity: _____

Day 5 Notes: _____ _____ _____	Time: _____ Meal: _____	Water & Other Beverages: _____ _____ _____					
	Time: _____ Snack: _____						
	Time: _____ Meal: _____						
	Time: _____ Snack: _____						
	Time: _____ Meal: _____						
	Time: _____ Snack: _____						
Estimate Totals	F: _____	V: _____	G: _____	D: _____	P: _____	O: _____	W: _____

Physical Activity: _____
 Spiritual Activity: _____

Day 6 Notes: _____ _____ _____	Time: _____ Meal: _____	Water & Other Beverages: _____ _____ _____					
	Time: _____ Snack: _____						
	Time: _____ Meal: _____						
	Time: _____ Snack: _____						
	Time: _____ Meal: _____						
	Time: _____ Snack: _____						
Estimate Totals	F: _____	V: _____	G: _____	D: _____	P: _____	O: _____	W: _____

Physical Activity: _____
 Spiritual Activity: _____

Day 7 Notes: _____ _____ _____	Time: _____ Meal: _____	Water & Other Beverages: _____ _____ _____					
	Time: _____ Snack: _____						
	Time: _____ Meal: _____						
	Time: _____ Snack: _____						
	Time: _____ Meal: _____						
	Time: _____ Snack: _____						
Estimate Totals	F: _____	V: _____	G: _____	D: _____	P: _____	O: _____	W: _____

Physical Activity: _____
 Spiritual Activity: _____