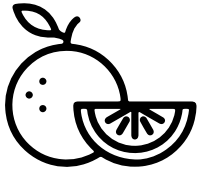


Food Tracker

DAY OF WEEK: _____

DATE: _____

WEIGHT: _____



Breakfast:

Meal Time:



Lunch:

Meal Time:



Dinner:

Meal Time:

Notes:

Water Intake

TOTAL: _____ OZ./ML

