

Date		
Year	Month	Day
2008	10	

Weight

Resting HR

Previous Night Sleep

Time	L	M	H
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Eating

Time	Hunger Before	Hunger After	Qty	Description	Cals	Protein	Fiber	Line Protein
	5	5	1					
	5	5	1					
	5	5	1					
	5	5	1					
	5	5	1					
	5	5	1					
	5	5	1					
	5	5	1					
	5	5			0	0	0	
	5	5			0	0	0	
	0	0			0	0	0	
	0	0			0	0	0	
	0	0			0	0	0	
	5	5			0	0	0	
	5	5			0	0	0	
	5	5			0	0	0	
Totals					0	0	0	
Remaining					1,600	125		
Percent Cals from Protein						0%		

Exercise

	Start Time	Mins	L	M	H	Type	Cals	Notes
1			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Water

Time	Amount	Form	Caffeine?
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
Total	0		<input type="checkbox"/>

Pills

Time	Fish Oil	Ginseng	Lipitor	B	C	D
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes