



# Group Lifestyle Balance™ Monthly Calendar

Name: \_\_\_\_\_

Goals: Activity \_\_\_\_\_ minutes per week      Steps \_\_\_\_\_ per week

Weight Range: \_\_\_\_\_ - \_\_\_\_\_ pounds

| Sunday  | Monday  | Tuesday   | Wednesday   | Thursday  | Friday  | Saturday  | Totals                                       |
|---|---|---|---|---|---|---|--|
| <input type="checkbox"/><br>Activity _____<br>Steps _____<br>Weight _____<br><input type="checkbox"/> Recorded diet | <input type="checkbox"/><br>Activity _____<br>Steps _____<br>Weight _____<br><input type="checkbox"/> Recorded diet | <input type="checkbox"/><br>Activity _____<br>Steps _____<br>Weight _____<br><input type="checkbox"/> Recorded diet | <input type="checkbox"/><br>Activity _____<br>Steps _____<br>Weight _____<br><input type="checkbox"/> Recorded diet | <input type="checkbox"/><br>Activity _____<br>Steps _____<br>Weight _____<br><input type="checkbox"/> Recorded diet | <input type="checkbox"/><br>Activity _____<br>Steps _____<br>Weight _____<br><input type="checkbox"/> Recorded diet | <input type="checkbox"/><br>Activity _____<br>Steps _____<br>Weight _____<br><input type="checkbox"/> Recorded diet | Weekly Activity _____ minutes<br>_____ steps |
| <input type="checkbox"/><br>Activity _____<br>Steps _____<br>Weight _____<br><input type="checkbox"/> Recorded diet | <input type="checkbox"/><br>Activity _____<br>Steps _____<br>Weight _____<br><input type="checkbox"/> Recorded diet | <input type="checkbox"/><br>Activity _____<br>Steps _____<br>Weight _____<br><input type="checkbox"/> Recorded diet | <input type="checkbox"/><br>Activity _____<br>Steps _____<br>Weight _____<br><input type="checkbox"/> Recorded diet | <input type="checkbox"/><br>Activity _____<br>Steps _____<br>Weight _____<br><input type="checkbox"/> Recorded diet | <input type="checkbox"/><br>Activity _____<br>Steps _____<br>Weight _____<br><input type="checkbox"/> Recorded diet | <input type="checkbox"/><br>Activity _____<br>Steps _____<br>Weight _____<br><input type="checkbox"/> Recorded diet | Weekly Activity _____ minutes<br>_____ steps |
| <input type="checkbox"/><br>Activity _____<br>Steps _____<br>Weight _____<br><input type="checkbox"/> Recorded diet | <input type="checkbox"/><br>Activity _____<br>Steps _____<br>Weight _____<br><input type="checkbox"/> Recorded diet | <input type="checkbox"/><br>Activity _____<br>Steps _____<br>Weight _____<br><input type="checkbox"/> Recorded diet | <input type="checkbox"/><br>Activity _____<br>Steps _____<br>Weight _____<br><input type="checkbox"/> Recorded diet | <input type="checkbox"/><br>Activity _____<br>Steps _____<br>Weight _____<br><input type="checkbox"/> Recorded diet | <input type="checkbox"/><br>Activity _____<br>Steps _____<br>Weight _____<br><input type="checkbox"/> Recorded diet | <input type="checkbox"/><br>Activity _____<br>Steps _____<br>Weight _____<br><input type="checkbox"/> Recorded diet | Weekly Activity _____ minutes<br>_____ steps |
| <input type="checkbox"/><br>Activity _____<br>Steps _____<br>Weight _____<br><input type="checkbox"/> Recorded diet | <input type="checkbox"/><br>Activity _____<br>Steps _____<br>Weight _____<br><input type="checkbox"/> Recorded diet | <input type="checkbox"/><br>Activity _____<br>Steps _____<br>Weight _____<br><input type="checkbox"/> Recorded diet | <input type="checkbox"/><br>Activity _____<br>Steps _____<br>Weight _____<br><input type="checkbox"/> Recorded diet | <input type="checkbox"/><br>Activity _____<br>Steps _____<br>Weight _____<br><input type="checkbox"/> Recorded diet | <input type="checkbox"/><br>Activity _____<br>Steps _____<br>Weight _____<br><input type="checkbox"/> Recorded diet | <input type="checkbox"/><br>Activity _____<br>Steps _____<br>Weight _____<br><input type="checkbox"/> Recorded diet | Weekly Activity _____ minutes<br>_____ steps |
| <input type="checkbox"/><br>Activity _____<br>Steps _____<br>Weight _____<br><input type="checkbox"/> Recorded diet | <input type="checkbox"/><br>Activity _____<br>Steps _____<br>Weight _____<br><input type="checkbox"/> Recorded diet | <input type="checkbox"/><br>Activity _____<br>Steps _____<br>Weight _____<br><input type="checkbox"/> Recorded diet | <input type="checkbox"/><br>Activity _____<br>Steps _____<br>Weight _____<br><input type="checkbox"/> Recorded diet | <input type="checkbox"/><br>Activity _____<br>Steps _____<br>Weight _____<br><input type="checkbox"/> Recorded diet | <input type="checkbox"/><br>Activity _____<br>Steps _____<br>Weight _____<br><input type="checkbox"/> Recorded diet | <input type="checkbox"/><br>Activity _____<br>Steps _____<br>Weight _____<br><input type="checkbox"/> Recorded diet | Weekly Activity _____ minutes<br>_____ steps |