



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"/> Activity _____ Steps _____ Weight _____ <input type="checkbox"/> Recorded diet	<input type="checkbox"/> Activity _____ Steps _____ Weight _____ <input type="checkbox"/> Recorded diet	<input type="checkbox"/> Activity _____ Steps _____ Weight _____ <input type="checkbox"/> Recorded diet	<input type="checkbox"/> Activity _____ Steps _____ Weight _____ <input type="checkbox"/> Recorded diet	<input type="checkbox"/> Activity _____ Steps _____ Weight _____ <input type="checkbox"/> Recorded diet	<input type="checkbox"/> Activity _____ Steps _____ Weight _____ <input type="checkbox"/> Recorded diet	<input type="checkbox"/> Activity _____ Steps _____ Weight _____ <input type="checkbox"/> Recorded diet	Weekly Activity _____ minutes _____ steps
<input type="checkbox"/> Activity _____ Steps _____ Weight _____ <input type="checkbox"/> Recorded diet	<input type="checkbox"/> Activity _____ Steps _____ Weight _____ <input type="checkbox"/> Recorded diet	<input type="checkbox"/> Activity _____ Steps _____ Weight _____ <input type="checkbox"/> Recorded diet	<input type="checkbox"/> Activity _____ Steps _____ Weight _____ <input type="checkbox"/> Recorded diet	<input type="checkbox"/> Activity _____ Steps _____ Weight _____ <input type="checkbox"/> Recorded diet	<input type="checkbox"/> Activity _____ Steps _____ Weight _____ <input type="checkbox"/> Recorded diet	<input type="checkbox"/> Activity _____ Steps _____ Weight _____ <input type="checkbox"/> Recorded diet	Weekly Activity _____ minutes _____ steps
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