

january 2013

SUN

MON

TUE

WED

THU

FRI

SAT

		1 Exercise: _____ Situps: <input type="checkbox"/> YES! <input type="checkbox"/> NO Food: _____ _____ _____	2 Exercise: _____ Situps: <input type="checkbox"/> YES! <input type="checkbox"/> NO Food: _____ _____ _____	3 Exercise: _____ Situps: <input type="checkbox"/> YES! <input type="checkbox"/> NO Food: _____ _____ _____	4 Exercise: _____ Situps: <input type="checkbox"/> YES! <input type="checkbox"/> NO Food: _____ _____ _____	5 Exercise: _____ Situps: <input type="checkbox"/> YES! <input type="checkbox"/> NO Food: _____ _____ _____
6 Exercise: _____ Situps: <input type="checkbox"/> YES! <input type="checkbox"/> NO Food: _____ _____ _____	7 Exercise: _____ Situps: <input type="checkbox"/> YES! <input type="checkbox"/> NO Food: _____ _____ _____	8 Exercise: _____ Situps: <input type="checkbox"/> YES! <input type="checkbox"/> NO Food: _____ _____ _____	9 Exercise: _____ Situps: <input type="checkbox"/> YES! <input type="checkbox"/> NO Food: _____ _____ _____	10 Exercise: _____ Situps: <input type="checkbox"/> YES! <input type="checkbox"/> NO Food: _____ _____ _____	11 Exercise: _____ Situps: <input type="checkbox"/> YES! <input type="checkbox"/> NO Food: _____ _____ _____	12 Exercise: _____ Situps: <input type="checkbox"/> YES! <input type="checkbox"/> NO Food: _____ _____ _____
13 Exercise: _____ Situps: <input type="checkbox"/> YES! <input type="checkbox"/> NO Food: _____ _____ _____	14 Exercise: _____ Situps: <input type="checkbox"/> YES! <input type="checkbox"/> NO Food: _____ _____ _____	15 Exercise: _____ Situps: <input type="checkbox"/> YES! <input type="checkbox"/> NO Food: _____ _____ _____	16 Exercise: _____ Situps: <input type="checkbox"/> YES! <input type="checkbox"/> NO Food: _____ _____ _____	17 Exercise: _____ Situps: <input type="checkbox"/> YES! <input type="checkbox"/> NO Food: _____ _____ _____	18 Exercise: _____ Situps: <input type="checkbox"/> YES! <input type="checkbox"/> NO Food: _____ _____ _____	19 Exercise: _____ Situps: <input type="checkbox"/> YES! <input type="checkbox"/> NO Food: _____ _____ _____
20 Exercise: _____ Situps: <input type="checkbox"/> YES! <input type="checkbox"/> NO Food: _____ _____ _____	21 Exercise: _____ Situps: <input type="checkbox"/> YES! <input type="checkbox"/> NO Food: _____ _____ _____	22 Exercise: _____ Situps: <input type="checkbox"/> YES! <input type="checkbox"/> NO Food: _____ _____ _____	23 Exercise: _____ Situps: <input type="checkbox"/> YES! <input type="checkbox"/> NO Food: _____ _____ _____	24 Exercise: _____ Situps: <input type="checkbox"/> YES! <input type="checkbox"/> NO Food: _____ _____ _____	25 Exercise: _____ Situps: <input type="checkbox"/> YES! <input type="checkbox"/> NO Food: _____ _____ _____	26 Exercise: _____ Situps: <input type="checkbox"/> YES! <input type="checkbox"/> NO Food: _____ _____ _____
27 Exercise: _____ Situps: <input type="checkbox"/> YES! <input type="checkbox"/> NO Food: _____ _____ _____	28 Exercise: _____ Situps: <input type="checkbox"/> YES! <input type="checkbox"/> NO Food: _____ _____ _____	29 Exercise: _____ Situps: <input type="checkbox"/> YES! <input type="checkbox"/> NO Food: _____ _____ _____	30 Exercise: _____ Situps: <input type="checkbox"/> YES! <input type="checkbox"/> NO Food: _____ _____ _____	31 Exercise: _____ Situps: <input type="checkbox"/> YES! <input type="checkbox"/> NO Food: _____ _____ _____		