



Weekly Journal for the week of: _____

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Date	Breakfast	Lunch	Dinner	Snacks	Exercises	Blood Pressure	Blood Glucose	End of Day Consumption
_ / _ / _ S/M/T/W/T/F/S						↑ AM PM ↓	↑ AM PM ↓	<input type="checkbox"/> Multi-Vita <input type="checkbox"/> Potassium <input type="checkbox"/> Cal-Mag <input type="checkbox"/> Omega 3 <input type="checkbox"/> 1/4 tsp Salt <input type="checkbox"/> 1-2 tsp Oil <input type="checkbox"/> 64oz Water <input type="checkbox"/> 4 C. Veggies
_ / _ / _ S/M/T/W/T/F/S						↑ AM PM ↓	↑ AM PM ↓	<input type="checkbox"/> Multi-Vita <input type="checkbox"/> Potassium <input type="checkbox"/> Cal-Mag <input type="checkbox"/> Omega 3 <input type="checkbox"/> 1/4 tsp Salt <input type="checkbox"/> 1-2 tsp Oil <input type="checkbox"/> 64oz Water <input type="checkbox"/> 4 C. Veggies
_ / _ / _ S/M/T/W/T/F/S						↑ AM PM ↓	↑ AM PM ↓	<input type="checkbox"/> Multi-Vita <input type="checkbox"/> Potassium <input type="checkbox"/> Cal-Mag <input type="checkbox"/> Omega 3 <input type="checkbox"/> 1/4 tsp Salt <input type="checkbox"/> 1-2 tsp Oil <input type="checkbox"/> 64oz Water <input type="checkbox"/> 4 C. Veggies
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