

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

Age: \_\_\_\_\_

Height (inches): \_\_\_\_\_

Starting Weight: \_\_\_\_\_

Starting BMI: \_\_\_\_\_

Starting food volume (cups): \_\_\_\_\_

Goal Weight: \_\_\_\_\_

Goal BMI: \_\_\_\_\_

Goal food volume (cups): \_\_\_\_\_

Weight

# Cups of Food

## Days or Weeks