















Date	Spirit vs. Flesh	Attitude	Deliberate or Stumbling	Thoughts and Scriptures
Sunday Date _____	S <input type="checkbox"/> F <input type="checkbox"/>	 <input type="checkbox"/>  <input type="checkbox"/>	D <input type="checkbox"/> S <input type="checkbox"/>	
Monday Date _____	S <input type="checkbox"/> F <input type="checkbox"/>	 <input type="checkbox"/>  <input type="checkbox"/>	D <input type="checkbox"/> S <input type="checkbox"/>	
Tuesday Date _____	S <input type="checkbox"/> F <input type="checkbox"/>	 <input type="checkbox"/>  <input type="checkbox"/>	D <input type="checkbox"/> S <input type="checkbox"/>	
Wednesday Date _____	S <input type="checkbox"/> F <input type="checkbox"/>	 <input type="checkbox"/>  <input type="checkbox"/>	D <input type="checkbox"/> S <input type="checkbox"/>	
Thursday Date _____	S <input type="checkbox"/> F <input type="checkbox"/>	 <input type="checkbox"/>  <input type="checkbox"/>	D <input type="checkbox"/> S <input type="checkbox"/>	
Friday Date _____	S <input type="checkbox"/> F <input type="checkbox"/>	 <input type="checkbox"/>  <input type="checkbox"/>	D <input type="checkbox"/> S <input type="checkbox"/>	
Saturday Date _____	S <input type="checkbox"/> F <input type="checkbox"/>	 <input type="checkbox"/>  <input type="checkbox"/>	D <input type="checkbox"/> S <input type="checkbox"/>	

Weight Loss for the Week