

	DATE	<input type="checkbox"/> INTERMITTENT FASTING	<input type="checkbox"/>	S	<input type="checkbox"/>	M	<input type="checkbox"/>	T	<input type="checkbox"/>	W	<input type="checkbox"/>	T	<input type="checkbox"/>	F	<input type="checkbox"/>	S	<input type="checkbox"/> TRAIN DAY
																	<input type="checkbox"/> OFF DAY

	CALORIES	PROTEIN	FATS	CARBS	NOTES
6AM 7AM 8AM					
9AM 10AM 11AM					
12PM 1PM 2PM					
3PM 4PM 5PM					QUOTE OF THE DAY
6PM 7PM 8PM					
9PM 10PM 11PM					
TOTAL					MET TODAY'S GOALS? <div style="display: flex; justify-content: space-around; border: 1px solid black; padding: 2px;"> <span>25%</span> <span>50%</span> <span>75%</span> <span>100%</span> </div>

