

What Do I Use?

Fill this chart out each week for 1 month.

| Meal | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|---|---------------|---------------|----------------|------------------|-----------------|---------------|-----------------|
| Breakfast | | | | | | | |
| Lunch | | | | | | | |
| Dinner | | | | | | | |
| Snacks | | | | | | | |
| Drinks | | | | | | | |
| Condiments | | | | | | | |
| Vitamins | | | | | | | |
| Medications | | | | | | | |
| Bathroom Items | | | | | | | |
| Kitchen Items | | | | | | | |
| Laundry Items | | | | | | | |
| Office Items | | | | | | | |
| Cost of Living (bills, gas, etc.) | | | | | | | |
| Pet Care | | | | | | | |
| Misc. | | | | | | | |