

Name:

Date:

Week No. / 12

7 Day Goal:

Medium term goal:



DAY OF WEEK							
MORNING WEIGHT							
WEIGHTS & / OR INTENSE CARDIO							
FAT BURNING CARDIO (type + duration)							

	FOOD CHOICE & AMOUNT	FOOD CHOICE & AMOUNT	FOOD CHOICE & AMOUNT	FOOD CHOICE & AMOUNT	FOOD CHOICE & AMOUNT	FOOD CHOICE & AMOUNT	FOOD CHOICE & AMOUNT
BREAKFAST							
MID MORNING							
LUNCH							
AFTERNOON							
DINNER							
EVENING							

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ALCOHOL							
SLEEP							
STRESS							
NOTES							