



Name: _____

Date: _____

Week No. / 12

7 Day Goal: _____

Medium term goal: _____

DAY OF WEEK							
AM WEIGHT							

	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 RECORD ANY ACTIVITY							