

Weekly Log Sheet from

_____/_____/201

Day	Supplements	Non-caloric Liquids	Exercise	Type of exercise
Wednesday	1 2 3 4 5 6 7	_____ounces	_____minutes	
Thursday	1 2 3 4 5 6 7	_____ounces	_____minutes	
Friday	1 2 3 4 5 6 7	_____ounces	_____minutes	
Saturday	1 2 3 4 5 6 7	_____ounces	_____minutes	
Sunday	1 2 3 4 5 6 7	_____ounces	_____minutes	
Monday	1 2 3 4 5 6 7	_____ounces	_____minutes	
Tuesday	1 2 3 4 5 6 7	_____ounces	_____minutes	
I ate at least 5 supplements every day.				Yes No
I drank at least 64 ounces of non-caloric liquids in addition to the supplements.				Yes No
I exercised every day.				Yes No
My weight loss this week was _____ pounds.				
How I feel about my week? _____				
What I would like to do next week _____				