

Start date	Meal #1	Meal #2	Meal #3	Meal #4	Meal #5	Additional food/bev
Monday List activity						
Tuesday List activity						
Wednesday List activity						
Thursday List activity						
Friday Weight _____ List activity						
Saturday List activity						
Sunday List activity						

Take sheet wherever you go and fill in all relevant facts – include how you were feeling at the moment. List activities for the day – and do not forget to list beverages and whether or not they had sugars. Photocopy and keep track of your progress – If you need additional sheets call 1-866-5WE COOK or email us at [info@my5squares.com](mailto:info@my5squares.com).

[www.my5squares.com](http://www.my5squares.com)

