

| 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 1-866-5WECOOK or email us at info@my5squares.com.

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