

Weight Loss Diary -- Day 1

Week: _____

Name:
Height:

Weight:
BMI:

Key 1: eat right!

<u>Meal No.</u>	<u>Time</u>	<u>Place</u>	<u>Type and Quantity of Food</u>	<u>Calories</u>	<u>CPF Bal.</u>
1					
2					
3					
4					
5					

Total Cal:

Evaluation:

Hunger felt during the day:

(1: no hunger at all - 5: extreme hunger)

Speed of eating during the day:

(1: very slow - 5: very fast)

Key 2: exercise right!

<u>Unit No.</u>	<u>Time</u>	<u>Place</u>	<u>Length & Type of exercise</u>	<u>Heart R.</u>	<u>Calories</u>
1					
2					

Self-Evaluation:

Total Cal:

Feeling during the exercise program:

(1: very well - 5: very poor)

Key 3: use the right supplements!

<u>No.</u>	<u>Time</u>	<u>Type & Quantity of supplement</u>
1		
2		
3		

1/2 gallon of water consumed? yes / no

Key 4: win the mental game!

<u>No.</u>	<u>Time</u>	<u>Type of weight loss motivation mind game</u>
1		
2		

Self-Evaluation:

Weight Loss Motivation during the day:

(1: super! - 5: very poor)

Best thing that happened during the day:

General well-being during the day:

(1: super! - 5: very poor)

Weight Loss Diary -- Day 2Week: Name:
Height:Weight:
BMI:**Key 1: eat right!**

<u>Meal No.</u>	<u>Time</u>	<u>Place</u>	<u>Typ and Quantity of Food</u>	<u>Calories</u>	<u>CPF Bal.</u>
1					
2					
3					
4					
5					

Total Cal:

Evaluation:

Hunger during the day:

(1: no hunger at all - 5: extreme hunger)

Speed of eating during the day:

(1: very slow - 5: very fast)

Key 2: exercise right!

<u>Unit No.</u>	<u>Time</u>	<u>Place</u>	<u>Length & Type of exercise</u>	<u>Heart R.</u>	<u>Calories</u>
1					
2					

Self-Evaluation:

Total Cal:

Feeling during the exercise program:

(1: very well - 5: very poor)

Key 3: use the right supplements!

<u>No.</u>	<u>Time</u>	<u>Type & Quantity of supplement</u>
1		
2		
3		

1/2 gallon of water consumed? yes / no**Key 4: win the mental game!**

<u>No.</u>	<u>Time</u>	<u>Type of weight loss motivation mind game</u>
1		
2		

Self-Evaluation:

Weight Loss Motivation during the day:

(1: super! - 5: very poor)

Best thing that happened during the day:

General well-being during the day:

(1: super! - 5: very poor)

Weight Loss Diary -- Day 3Week: Name:
Height:Weight:
BMI:**Key 1: eat right!**

<u>Meal No.</u>	<u>Time</u>	<u>Place</u>	<u>Typ and Quantity of Food</u>	<u>Calories</u>	<u>CPF Bal.</u>
1					
2					
3					
4					
5					

Total Cal:

Evaluation:

Hunger during the day:

(1: no hunger at all - 5: extreme hunger)

Speed of eating during the day:

(1: very slow - 5: very fast)

Key 2: exercise right!

<u>Unit No.</u>	<u>Time</u>	<u>Place</u>	<u>Length & Type of exercise</u>	<u>Heart R.</u>	<u>Calories</u>
1					
2					

Self-Evaluation:

Total Cal:

Feeling during the exercise program:

(1: very well - 5: very poor)

Key 3: use the right supplements!

<u>No.</u>	<u>Time</u>	<u>Type & Quantity of supplement</u>
1		
2		
3		

1/2 gallon of water consumed? yes / no

Key 4: win the mental game!

<u>No.</u>	<u>Time</u>	<u>Type of weight loss motivation mind game</u>
1		
2		

Self-Evaluation:

Weight Loss Motivation during the day:

(1: super! - 5: very poor)

Best thing that happened during the day:

General well-being during the day:

(1: super! - 5: very poor)

Weight Loss Diary -- Day 4Week: Name:
Height:Weight:
BMI:**Key 1: eat right!**

<u>Meal No.</u>	<u>Time</u>	<u>Place</u>	<u>Typ and Quantity of Food</u>	<u>Calories</u>	<u>CPF Bal.</u>
1					
2					
3					
4					
5					

Total Cal:

Evaluation:

Hunger during the day:

(1: no hunger at all - 5: extreme hunger)

Speed of eating during the day:

(1: very slow - 5: very fast)

Key 2: exercise right!

<u>Unit No.</u>	<u>Time</u>	<u>Place</u>	<u>Length & Type of exercise</u>	<u>Heart R.</u>	<u>Calories</u>
1					
2					

Self-Evaluation:

Total Cal:

Feeling during the exercise program:

(1: very well - 5: very poor)

Key 3: use the right supplements!

<u>No.</u>	<u>Time</u>	<u>Type & Quantity of supplement</u>
1		
2		
3		

1/2 gallon of water consumed? yes / no

Key 4: win the mental game!

<u>No.</u>	<u>Time</u>	<u>Type of weight loss motivation mind game</u>
1		
2		

Self-Evaluation:

Weight Loss Motivation during the day:

(1: super! - 5: very poor)

Best thing that happened during the day:

General well-being during the day:

(1: super! - 5: very poor)

Weight Loss Diary -- Day 5Week: Name:
Height:Weight:
BMI:**Key 1: eat right!**

<u>Meal No.</u>	<u>Time</u>	<u>Place</u>	<u>Typ and Quantity of Food</u>	<u>Calories</u>	<u>CPF Bal.</u>
1					
2					
3					
4					
5					

Total Cal:

Evaluation:

Hunger during the day:

(1: no hunger at all - 5: extreme hunger)

Speed of eating during the day:

(1: very slow - 5: very fast)

Key 2: exercise right!

<u>Unit No.</u>	<u>Time</u>	<u>Place</u>	<u>Length & Type of exercise</u>	<u>Heart R.</u>	<u>Calories</u>
1					
2					

Self-Evaluation:

Total Cal:

Feeling during the exercise program:

(1: very well - 5: very poor)

Key 3: use the right supplements!

<u>No.</u>	<u>Time</u>	<u>Type & Quantity of supplement</u>
1		
2		
3		

1/2 gallon of water consumed? yes / no

Key 4: win the mental game!

<u>No.</u>	<u>Time</u>	<u>Type of weight loss motivation mind game</u>
1		
2		

Self-Evaluation:

Weight Loss Motivation during the day:

(1: super! - 5: very poor)

Best thing that happened during the day:

General well-being during the day:

(1: super! - 5: very poor)

Weight Loss Diary -- Day 6Week: Name:
Height:Weight:
BMI:**Key 1: eat right!**

<u>Meal No.</u>	<u>Time</u>	<u>Place</u>	<u>Typ and Quantity of Food</u>	<u>Calories</u>	<u>CPF Bal.</u>
1					
2					
3					
4					
5					

Total Cal:

Evaluation:

Hunger during the day:

(1: no hunger at all - 5: extreme hunger)

Speed of eating during the day:

(1: very slow - 5: very fast)

Key 2: exercise right!

<u>Unit No.</u>	<u>Time</u>	<u>Place</u>	<u>Length & Type of exercise</u>	<u>Heart R.</u>	<u>Calories</u>
1					
2					

Self-Evaluation:

Total Cal:

Feeling during the exercise program:

(1: very well - 5: very poor)

Key 3: use the right supplements!

<u>No.</u>	<u>Time</u>	<u>Type & Quantity of supplement</u>
1		
2		
3		

1/2 gallon of water consumed? yes / no**Key 4: win the mental game!**

<u>No.</u>	<u>Time</u>	<u>Type of weight loss motivation mind game</u>
1		
2		

Self-Evaluation:

Weight Loss Motivation during the day:

(1: super! - 5: very poor)

Best thing that happened during the day:

General well-being during the day:

(1: super! - 5: very poor)

Weight Loss Diary -- Day 7Week: Name:
Height:Weight:
BMI:**Key 1: eat right!**

<u>Meal No.</u>	<u>Time</u>	<u>Place</u>	<u>Typ and Quantity of Food</u>	<u>Calories</u>	<u>CPF Bal.</u>
1					
2					
3					
4					
5					

Total Cal:

Evaluation:

Hunger during the day:

(1: no hunger at all - 5: extreme hunger)

Speed of eating during the day:

(1: very slow - 5: very fast)

Key 2: exercise right!

<u>Unit No.</u>	<u>Time</u>	<u>Place</u>	<u>Length & Type of exercise</u>	<u>Heart R.</u>	<u>Calories</u>
1					
2					

Self-Evaluation:

Total Cal:

Feeling during the exercise program:

(1: very well - 5: very poor)

Key 3: use the right supplements!

<u>No.</u>	<u>Time</u>	<u>Type & Quantity of supplement</u>
1		
2		
3		

1/2 gallon of water consumed? yes / no

Key 4: win the mental game!

<u>No.</u>	<u>Time</u>	<u>Type of weight loss motivation mind game</u>
1		
2		

Self-Evaluation:

Weight Loss Motivation during the day:

(1: super! - 5: very poor)

Best thing that happened during the day:

General well-being during the day:

(1: super! - 5: very poor)