Week _____

Body Measurements			
Note –take these measurements at the same time each week to avoid variation and use the same scales for the entire program as different scales vary			
Time Taken			
		+/-Difference Since	
	Today	Last Week	Start
Weight (kgs)			
Note - use a tape measure and measure around the widest part			
Neck			
Right Arm Bicep			
Chest/Nipple Line			
Chest/Sternum			
Waist			
Hips/Buttock			
Right Thigh			
Right Calf			
TOTAL			
Note – If you don't have body fat scales, blood pressure monitor and cholesterol monitor, ignore these measurements			
Body Fat %			
Hydration/Water %			
Blood Pressure			
Cholesterol			

Summary of This Week's Exercise	
Number of Exercise Sessions	
Number of Weight Sessions	
Overall Comments (what do you need to change to stay on track?)	

Day:_____ _____/_____/20_____

Food Intake

Time	Food Consumed	Supplements

Exercise

Time	Planned	Actual

Comments –eg how you feel emotionally, physically, what's going on in your life etc

Alcohol O O O Caffeine O O O Water O O O O O O O O

Energy O High O Medium O Low Fruit O O O O Veg O O O O O

Number 2's O O O Eating Assessment O Excellent O Good O OK

Day:_____ _____/_____/20_____

Food Intake

Time	Food Consumed	Supplements

Exercise

Time	Planned	Actual

Comments –eg how you feel emotionally, physically, what's going on in your life etc

Alcohol O O O Caffeine O O O Water O O O O O O O O

Energy O High O Medium O Low Fruit O O O O Veg O O O O O

Number 2's O O O Eating Assessment O Excellent O Good O OK

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