Daily Journal Entry

Type of Day: Low Carb

Date:

#### Meal Plan

| Meal Plan  Breakfast | # Portions             |
|----------------------|------------------------|
| Бгеактаят            | P 1 F 1 C - V          |
| Mid-morning Snack    |                        |
|                      | P 1<br>F 1<br>C -<br>V |
| Lunch                |                        |
|                      | P 1 F 1 C - V          |
| Mid-afternoon Snack  |                        |
|                      | P 1 F 1 C - V          |
| Dinner               |                        |
|                      | P 1 F 1 C - V          |

| Total Portions of Protein      | 5  |
|--------------------------------|----|
| Total Portions of Fat          | 5  |
| Total Portions of Carbohydrate | 0  |
| Total Portions of Free Veggies | >3 |

#### Actual Diet

| Breakfast           | # Portions       |
|---------------------|------------------|
|                     | Р                |
|                     | P<br>F<br>C<br>V |
|                     | С                |
|                     | V                |
| Mid-morning Snack   |                  |
|                     | Р                |
|                     | F                |
|                     | P<br>F<br>C<br>V |
|                     | V                |
| Lunch               |                  |
|                     | P<br>F<br>C<br>V |
|                     | F                |
|                     | С                |
|                     | V                |
| Mid-afternoon Snack |                  |
|                     | P<br>F<br>C<br>V |
|                     | F                |
|                     | С                |
|                     | V                |
| Dinner              |                  |
|                     | Р                |
|                     | F                |
|                     | F<br>C<br>V      |
|                     | C<br>V           |
|                     | V                |

| Total Portions of Protein      |
|--------------------------------|
| Total Portions of Carbohydrate |
| Total Portions of Fat          |
| Total Portions of Free Veggies |

## **Diet Assessment**

| Did you plan today's menu in advance?                                                                                  |
|------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                        |
| Did you consume at least 3 whole-food meals today?                                                                     |
| Did you abstain from eating at other than scheduled meal times (except free veggies)?                                  |
|                                                                                                                        |
| Did you steer clear of off-limits foods?                                                                               |
|                                                                                                                        |
| Did today's diet contain a variety of healthy fats?                                                                    |
| Did today's diet contain substantial omega-3 fatty acids?                                                              |
| Did foddy's dief comain substantial omega-o fally delas-                                                               |
| Did you consume at least three portions of fibrous veggies?                                                            |
|                                                                                                                        |
| Did you have your Prograde Protein® Shake prior to bedtime?                                                            |
| What, specifically, did you do very well today?                                                                        |
| what, specifically, did you do very well loady?                                                                        |
| What, specifically, about today can you improve upon?                                                                  |
|                                                                                                                        |
| Additional Diet Notes:                                                                                                 |
|                                                                                                                        |
|                                                                                                                        |
|                                                                                                                        |
| A attribut A account                                                                                                   |
| Activity Assessment                                                                                                    |
|                                                                                                                        |
| Did you make an effort to burn extra calories through taking the stairs (not the elevator), parking further away, etc? |
| Tomier away, etc.                                                                                                      |
| Did you do any Cheat Your Way Fit workouts today?                                                                      |
| The feet as any should rest that the monte to aug.                                                                     |
| What type of additional direct exercise activity (additional CYWFit Workouts, brisk walking, jogging,                  |
| sport, etc) did you participate in today, if any?                                                                      |
| open, only and yes parmapare in ready, in any i                                                                        |
| What can you do to improve your level of activity?                                                                     |
| , , , , ,                                                                                                              |
|                                                                                                                        |
| Additional Activity Notes:                                                                                             |
| Additional Activity Notes:                                                                                             |
| Additional Activity Notes:                                                                                             |

Daily Journal Entry

Type of Day: Low GI/GL

Date:

#### Meal Plan

| Medirian            |                        |
|---------------------|------------------------|
| Breakfast           | # Portions             |
|                     | P 1                    |
|                     | F 1                    |
|                     | C 1                    |
|                     | P 1<br>F 1<br>C 1<br>V |
| Mid-morning Snack   |                        |
| <u> </u>            | P 1                    |
|                     | F 1                    |
|                     | C 1                    |
|                     | P 1<br>F 1<br>C 1<br>V |
| Lunch               | ·                      |
|                     | P 1                    |
|                     | F 1                    |
|                     | C 1                    |
|                     | P 1 F 1 C 1 V          |
| Mid-afternoon Snack |                        |
|                     | P 1                    |
|                     | F 1                    |
|                     | C 1                    |
|                     | P 1 F 1 C 1 V          |
| Dinner              |                        |
|                     | P 1                    |
|                     |                        |
|                     | F 1<br>C 1<br>V        |
|                     | C 1                    |
|                     | V                      |

| Total Portions of Protein      | 5  |
|--------------------------------|----|
| Total Portions of Fat          | 5  |
| Total Portions of Carbohydrate | 5  |
| Total Portions of Free Veggies | >3 |

#### Actual Diet

| Breakfast           | # Portions       |
|---------------------|------------------|
|                     | Р                |
|                     | P<br>F<br>C<br>V |
|                     | С                |
|                     | V                |
| Mid-morning Snack   |                  |
|                     | Р                |
|                     | F                |
|                     | P<br>F<br>C<br>V |
|                     | V                |
| Lunch               |                  |
|                     | P<br>F<br>C<br>V |
|                     | F                |
|                     | С                |
|                     | V                |
| Mid-afternoon Snack |                  |
|                     | P<br>F<br>C<br>V |
|                     | F                |
|                     | С                |
|                     | V                |
| Dinner              |                  |
|                     | Р                |
|                     |                  |
|                     | F<br>C<br>V      |
|                     | C                |
|                     | V                |

| Total Portions of Protein      |
|--------------------------------|
| Total Portions of Carbohydrate |
| Total Portions of Fat          |
| Total Portions of Free Veggies |
|                                |

## **Diet Assessment**

| Did you plan today's menu in advance?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| D:1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Did you consume at least 3 whole-food meals today?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Did you abstain from eating at other than scheduled meal times (except free veggies)?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| Did you steer clear of off-limits foods?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Did today's diet contain strictly lower glycemic carbohydrates from the approved list?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Did today's diet contain substantial omega-3 fatty acids?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Did you consume at least three portions of fibrous veggies?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Dela de la constanta de la con |
| Did you have your Prograde Protein® Nutrition Shake prior to bedtime?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| What, specifically, did you do very well today?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| That, openingly, and yes as very hom ready.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| What, specifically, about today can you improve upon?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| Additional Diet Notes:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Activity Assessment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| ACIIVITY ASSESSITIETTI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Did you make an effort to burn extra calories through taking the stairs (not the elevator), parking                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| further away, etc?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Did you do any Cheat Your Way Fit workouts today?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| What type of additional direct exercise activity (additional CYWFit Workouts, brisk walking, jogging,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| sport, etc) did you participate in today, if any?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| What can you do to improve your level of activity?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Additional Activity Notes:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Additional Activity Notes:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

Daily Journal Entry

Type of Day: Higher GI/GL

| Date: |  |  |
|-------|--|--|

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| iviedi Fidh         |                        |
|---------------------|------------------------|
| Breakfast           | # Portions             |
|                     | P 1<br>F 1<br>C 1<br>V |
| Mid-morning Snack   |                        |
|                     | P 1 F 1 C 1 V          |
| Lunch               |                        |
|                     | P 1 F 1 C 1 V          |
| Mid-afternoon Snack |                        |
|                     | P 1 F 1 C 1 V          |
| Dinner              |                        |
|                     | P 1 F 1 C 1 V          |

| Total Portions of Protein      | 5  |
|--------------------------------|----|
| Total Portions of Fat          | 5  |
| Total Portions of Carbohydrate | 5  |
| Total Portions of Free Veggies | >3 |

#### Actual Diet

| Breakfast           | # Portions       |
|---------------------|------------------|
|                     | P<br>F<br>C<br>V |
|                     | F                |
|                     | С                |
|                     | V                |
| Mid-morning Snack   |                  |
|                     | Р                |
|                     | F                |
|                     | P<br>F<br>C<br>V |
|                     | V                |
| Lunch               |                  |
|                     | P<br>F<br>C<br>V |
|                     | F                |
|                     | С                |
|                     | V                |
| Mid-afternoon Snack |                  |
|                     | P<br>F<br>C<br>V |
|                     | F                |
|                     | С                |
|                     | V                |
| Dinner              |                  |
|                     | Р                |
|                     |                  |
|                     | F<br>C<br>V      |
|                     | C                |
|                     | V                |

| Total Portions of Protein      |
|--------------------------------|
| Total Portions of Carbohydrate |
| Total Portions of Fat          |
| Total Portions of Free Veggies |

## **Diet Assessment**

| Did you plan today's menu in advance?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Did you consume at least 3 whole-food meals today?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Did you consume an least o whole-lood means loady?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Did you abstain from eating at other than scheduled meal times (except free veggies)?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
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| Did you steer clear of off-limits foods?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Did today's diet contain mostly higher glycemic carbohydrates from the approved list?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
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| Did today's diet contain substantial omega-3 fatty acids?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Della selection of the second |
| Did you consume at least three portions of fibrous veggies?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Did you have your Prograde Lean® Nutrition Shake prior to bedtime?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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| What, specifically, did you do very well today?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| W/L-4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| What, specifically, about today can you improve upon?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Additional Diet Notes:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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| A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Activity Assessment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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| Did you make an effort to burn extra calories through taking the stairs (not the elevator), parking                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| further away, etc?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Did you do any Cheat Your Way Fit workouts today?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Did you do diff Chour Four Way Fill Workous loady:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| What type of additional direct exercise activity (additional CYWFit Workouts, brisk walking, jogging,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| sport, etc) did you participate in today, if any?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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| What can you do to improve your level of activity?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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| Additional Activity Notes:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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### Weekly Progress Report

End of Week \_\_\_\_

| Date: |  |  |
|-------|--|--|

Note: All measurements are to be taken upon awakening before beginning your Cheat Day.

### One Week Progress

|               | One Week Ago | Today | Difference |
|---------------|--------------|-------|------------|
| Bust          |              |       |            |
| Bust<br>Waist |              |       |            |
| Hips          |              |       |            |
| Right arm     |              |       | x 2        |
| Right thigh   |              |       | x 2        |
| Right calf    |              |       | x 2        |
|               |              | Total |            |

#### **Total Progress**

|                                                                 | Starting | Today | Difference |
|-----------------------------------------------------------------|----------|-------|------------|
| Bust                                                            |          |       |            |
| Waist                                                           |          |       |            |
| Hips                                                            |          |       |            |
| Right arm                                                       |          |       | x 2        |
| Right thigh                                                     |          |       | x 2        |
| Bust<br>Waist<br>Hips<br>Right arm<br>Right thigh<br>Right calf |          |       | x 2        |
|                                                                 |          | Total |            |

#### Cheat Your Way Fit Workouts

|            | Sun | Mon | Tues | Wed | Thurs | Fri |
|------------|-----|-----|------|-----|-------|-----|
| # Sessions |     |     |      |     |       |     |
|            |     |     |      |     | Total |     |

## Weekly Diet Assessment

| On a scale of 1 -10, how would you rate your adherence to the dietary portion of the program this week?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Did you plan, shop, and cook ahead of time as advised?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Did you use quick and easy snacks and/or meal replacements to make sticking to the plan easier?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Based on your responses to the above questions, in addition to those of the daily assessments, list                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 2 - 3 specific areas of your diet in which you excelled this week:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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| Based on your responses to the above questions, in addition to those of the daily assessments, list                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 2 -3 specific areas of your diet in which you can improve upon in the upcoming week to further                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| increase results:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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| Weekly Activity Assessment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Weekly Activity Assessment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Weekly Activity Assessment  Did you complete at least one Cheat Your Way Fit Workout on both Sunday and Monday and then a third session later in the week?                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Did you complete at least one Cheat Your Way Fit Workout on both Sunday and Monday and then                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Did you complete at least one Cheat Your Way Fit Workout on both Sunday and Monday and then a third session later in the week?  Did you make an effort to burn extra calories through taking the stairs (not the elevator), parking                                                                                                                                                                                                                                                                                                                                                                                                |
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| Did you complete at least one Cheat Your Way Fit Workout on both Sunday and Monday and then a third session later in the week?  Did you make an effort to burn extra calories through taking the stairs (not the elevator), parking further away, etc?  Did you participate in any additional direct forms of exercise (additional Cheat Your Way Fit Workouts                                                                                                                                                                                                                                                                     |
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