

NAME: \_\_\_\_\_

MEMBERSHIP NUMBER: \_\_\_\_\_

GROUP LEADER'S NAME: \_\_\_\_\_

GROUP LEADER'S EMAIL: \_\_\_\_\_



# Your Weigh-Less, weekly food record

You've followed your Weigh-Less Formula, you've had a great week, and you're excited to see how much weight you've lost at your next weigh-in. To your disappointment however, the results are the exact opposite – you've stayed the same weight or even gained a little! You wonder where you could have gone wrong, but honestly, you really can't remember everything you ate or drank in the past week!

It's very easy for the odd nibble to creep in without much notice. Perhaps you had a bad day at work and indulged in a bit of chocolate, or shared a piece of cake with colleague at lunch?

This is where your Weigh-Less, weekly food record comes in. Use this journal to keep track of what you eat during the day, so that you can see where you're going wrong when you compare it against your daily Formula. Also, make a note of your emotional state at each meal or snack – writing down and acknowledging your feelings will help you deal with the emotions that trigger you to eat more than you should, and identify coping strategies.

Complete this weekly food record and either do a self-assessment, or hand it to your Group Leader to identify where your problem areas are, and find solutions for them.

<b>MY DAILY FORMULA IS:</b>							
	COMPLEX CARBOHYDRATES	VEGETABLES	FRUIT	PROTEIN	MILK	FAT	WATER

## MY DAILY MENU PLAN:

MONDAY	BREAKFAST	LUNCH	DINNER	SNACKS	FORMULA
	TIME:	TIME:	TIME:	Morning (Time: ) Snack: Early afternoon (Time: ) Snack: Late afternoon (Time: ) Snack:	CC: Veg: Fruit: Protein: Milk: Fat: Water: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

TUESDAY	BREAKFAST	LUNCH	DINNER	SNACKS	FORMULA
	TIME:	TIME:	TIME:	Morning (Time: ) Snack: Early afternoon (Time: ) Snack: Late afternoon (Time: ) Snack:	CC: Veg: Fruit: Protein: Milk: Fat: Water: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

