AULTMAN WEIGHT MANAGEMENT

new direction® weight control system

My Weekly Activity Record
Reducing Phase

Name _____

Week of _____

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	TOTAL
# of New Direction Packets, protein bars, etc. consumed								
Ounces of water consumed (minimum 64 oz. per day)								
Ounces of other beverages such as diet soft drinks, coffee, tea consumed								
Other calories or carbohydrates consumed - gum, mints, jello, etc. (limit to 10 grams/40 cals)								
Length and type of physical activity (e.g., 30 mins of walking)								
Things I did for myself such as shopping, going to a movie, calling a friend, etc.								
My mood today (e.g., bored, tired, content, anxious, lonely, etc)								