



# Week 1 food and activity chart

Mon	Tue	Wed	Thu	Fri	Sat	Sun
<b>Food</b>	<b>Food</b>	<b>Food</b>	<b>Food</b>	<b>Food</b>	<b>Food</b>	<b>Food</b>
Total calories: <input type="text"/>	Total calories: <input type="text"/>	Total calories: <input type="text"/>	Total calories: <input type="text"/>	Total calories: <input type="text"/>	Total calories: <input type="text"/>	Total calories: <input type="text"/>
<input type="text"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="text"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="text"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="text"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="text"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="text"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="text"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
Oops! Unplanned snacks or drinks	Oops! Unplanned snacks or drinks	Oops! Unplanned snacks or drinks	Oops! Unplanned snacks or drinks	Oops! Unplanned snacks or drinks	Oops! Unplanned snacks or drinks	Oops! Unplanned snacks or drinks
<b>Your 5 a day</b> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<b>Your 5 a day</b> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<b>Your 5 a day</b> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<b>Your 5 a day</b> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<b>Your 5 a day</b> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<b>Your 5 a day</b> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<b>Your 5 a day</b> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
<b>Activity</b>	<b>Activity</b>	<b>Activity</b>	<b>Activity</b>	<b>Activity</b>	<b>Activity</b>	<b>Activity</b>
Total minutes: <input type="text"/>	Total minutes: <input type="text"/>	Total minutes: <input type="text"/>	Total minutes: <input type="text"/>	Total minutes: <input type="text"/>	Total minutes: <input type="text"/>	Total minutes: <input type="text"/>
Aerobic exercise mins <input type="text"/>	Aerobic exercise mins <input type="text"/>	Aerobic exercise mins <input type="text"/>	Aerobic exercise mins <input type="text"/>	Aerobic exercise mins <input type="text"/>	Aerobic exercise mins <input type="text"/>	Aerobic exercise mins <input type="text"/>
<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>
Strength exercise mins <input type="text"/>	Strength exercise mins <input type="text"/>	Strength exercise mins <input type="text"/>	Strength exercise mins <input type="text"/>	Strength exercise mins <input type="text"/>	Strength exercise mins <input type="text"/>	Strength exercise mins <input type="text"/>
<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>



Aerobic exercise:

10 mins

30 mins

60 mins

90 mins

120 mins

150 mins +

## Weekly summary

Your weight loss tracker - Record your weight and waist size at the start and end of each week to help you stay on track

### Start of the week

Weight	Waist
--------	-------

kg/lbs      cms/in

### End of the week

Weight	Waist
--------	-------

kg/lbs      cms/in



Strength exercise:

mon

tues

wed

thurs

fri

sat

sun

1 session on 2 or more days a week



# Week 1 food and activity chart

Mon	Tue	Wed	Thu	Fri	Sat	Sun
Food	Food	Food	Food	Food	Food	Food
Total calories:	Total calories:	Total calories:	Total calories:	Total calories:	Total calories:	Total calories:
1,363	1,391	1,516	1,305	1,357	1,710	1,309
<div><div>✓</div><div>✗</div></div>	<div><div>✓</div><div>✗</div></div>	<div><div>✓</div><div>✗</div></div>	<div><div>✓</div><div>✗</div></div>	<div><div>✓</div><div>✗</div></div>	<div><div>✓</div><div>✗</div></div>	<div><div>✓</div><div>✗</div></div>
Oopsl Unplanned snacks or drinks	Oopsl Unplanned snacks or drinks	Oopsl Unplanned snacks or drinks	Oopsl Unplanned snacks or drinks	Oopsl Unplanned snacks or drinks	Oopsl Unplanned snacks or drinks	Oopsl Unplanned snacks or drinks
Your 5 a day	Your 5 a day	Your 5 a day	Your 5 a day	Your 5 a day	Your 5 a day	Your 5 a day
<div><div>✓</div><div>✓</div><div>✓</div><div>✓</div><div>✓</div></div>	<div><div>✓</div><div>✓</div><div>✓</div><div>✓</div><div>✓</div></div>	<div><div>✓</div><div>✓</div><div>✓</div><div>✓</div><div>✓</div></div>	<div><div>✓</div><div>✓</div><div>✓</div><div>✓</div><div>✓</div></div>	<div><div>✓</div><div>✓</div><div>✓</div><div>✓</div><div>✓</div></div>	<div><div>✓</div><div>✓</div><div>✓</div><div>✓</div><div>✓</div></div>	<div><div>✓</div><div>✓</div><div>✓</div><div>✓</div><div>✓</div></div>
Activity	Activity	Activity	Activity	Activity	Activity	Activity
Total minutes:	Total minutes:	Total minutes:	Total minutes:	Total minutes:	Total minutes:	Total minutes:
15	15	75	15	60	40	60
Aerobic exercise mins	Aerobic exercise mins	Aerobic exercise mins	Aerobic exercise mins	Aerobic exercise mins	Aerobic exercise mins	Aerobic exercise mins
walk 15	walk 15	walk 15	walk 15	zumba 60	swim 20	walk 60
<div><div>✓</div><div>✗</div></div>	<div><div>✓</div><div>✗</div></div>	<div><div>✓</div><div>✗</div></div>	<div><div>✓</div><div>✗</div></div>	<div><div>✓</div><div>✗</div></div>	<div><div>✓</div><div>✗</div></div>	<div><div>✓</div><div>✗</div></div>
Strength exercise mins	Strength exercise mins	Strength exercise mins	Strength exercise mins	Strength exercise mins	Strength exercise mins	Strength exercise mins
		yoga 60			gardening 20	
<div><div>✓</div><div>✗</div></div>	<div><div>✓</div><div>✗</div></div>	<div><div>✓</div><div>✗</div></div>	<div><div>✓</div><div>✗</div></div>	<div><div>✓</div><div>✗</div></div>	<div><div>✓</div><div>✗</div></div>	<div><div>✓</div><div>✗</div></div>

## Weekly summary



Aerobic exercise:

10 mins

☐

30 mins

☐

60 mins

☐

90 mins

☐

120 mins

☐

150 mins +

☒



Strength exercise:

mon

☐

tues

☐

wed

☒

thurs

☐

fri

☐

sat

☒

sun

☐

1 session on 2 or more days a week

Your weight loss tracker - Record your weight and waist size at the start and end of each week to help you stay on track

## End of the week

Weight

170lbs

kg/lbs

Waist

44in

cms/in

## Start of the week

Weight

172lbs

kg/lbs

Waist

44in

cms/in



# Week 2 food and activity chart

Mon	Tue	Wed	Thu	Fri	Sat	Sun
<b>Food</b>	<b>Food</b>	<b>Food</b>	<b>Food</b>	<b>Food</b>	<b>Food</b>	<b>Food</b>
Total calories: <input type="text"/>	Total calories: <input type="text"/>	Total calories: <input type="text"/>	Total calories: <input type="text"/>	Total calories: <input type="text"/>	Total calories: <input type="text"/>	Total calories: <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Oops!	Oops!	Oops!	Oops!	Oops!	Oops!	Oops!
Unplanned snacks or drinks	Unplanned snacks or drinks	Unplanned snacks or drinks	Unplanned snacks or drinks	Unplanned snacks or drinks	Unplanned snacks or drinks	Unplanned snacks or drinks
Your 5 a day <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Your 5 a day <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Your 5 a day <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Your 5 a day <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Your 5 a day <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Your 5 a day <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Your 5 a day <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
<b>Activity</b>	<b>Activity</b>	<b>Activity</b>	<b>Activity</b>	<b>Activity</b>	<b>Activity</b>	<b>Activity</b>
Total minutes: <input type="text"/>	Total minutes: <input type="text"/>	Total minutes: <input type="text"/>	Total minutes: <input type="text"/>	Total minutes: <input type="text"/>	Total minutes: <input type="text"/>	Total minutes: <input type="text"/>
Aerobic exercise mins <input type="text"/>	Aerobic exercise mins <input type="text"/>	Aerobic exercise mins <input type="text"/>	Aerobic exercise mins <input type="text"/>	Aerobic exercise mins <input type="text"/>	Aerobic exercise mins <input type="text"/>	Aerobic exercise mins <input type="text"/>
<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
Strength exercise mins <input type="text"/>	Strength exercise mins <input type="text"/>	Strength exercise mins <input type="text"/>	Strength exercise mins <input type="text"/>	Strength exercise mins <input type="text"/>	Strength exercise mins <input type="text"/>	Strength exercise mins <input type="text"/>
<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>



Aerobic exercise:

10 mins

30 mins

60 mins

90 mins

120 mins

150 mins +

## Weekly summary

1 session on 2 or more days a week

mon

tues

wed

thurs

fri

sat

sun

## End of the week

Weight

kg/lbs

Waist

cms/in

## Start of the week

Weight

kg/lbs

Waist

cms/in



Strength exercise:

mon

tues

wed

thurs

fri

sat

sun



# Week 3 food and activity chart

Mon	Tue	Wed	Thu	Fri	Sat	Sun
<b>Food</b>	<b>Food</b>	<b>Food</b>	<b>Food</b>	<b>Food</b>	<b>Food</b>	<b>Food</b>
Total calories: <input type="text"/>	Total calories: <input type="text"/>	Total calories: <input type="text"/>	Total calories: <input type="text"/>	Total calories: <input type="text"/>	Total calories: <input type="text"/>	Total calories: <input type="text"/>
<input type="text"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="text"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="text"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="text"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="text"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="text"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="text"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
Oops! Unplanned snacks or drinks	Oops! Unplanned snacks or drinks	Oops! Unplanned snacks or drinks	Oops! Unplanned snacks or drinks	Oops! Unplanned snacks or drinks	Oops! Unplanned snacks or drinks	Oops! Unplanned snacks or drinks
<b>Your 5 a day</b> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<b>Your 5 a day</b> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<b>Your 5 a day</b> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<b>Your 5 a day</b> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<b>Your 5 a day</b> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<b>Your 5 a day</b> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<b>Your 5 a day</b> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
<b>Activity</b>	<b>Activity</b>	<b>Activity</b>	<b>Activity</b>	<b>Activity</b>	<b>Activity</b>	<b>Activity</b>
Total minutes: <input type="text"/>	Total minutes: <input type="text"/>	Total minutes: <input type="text"/>	Total minutes: <input type="text"/>	Total minutes: <input type="text"/>	Total minutes: <input type="text"/>	Total minutes: <input type="text"/>
Aerobic exercise mins <input type="text"/>	Aerobic exercise mins <input type="text"/>	Aerobic exercise mins <input type="text"/>	Aerobic exercise mins <input type="text"/>	Aerobic exercise mins <input type="text"/>	Aerobic exercise mins <input type="text"/>	Aerobic exercise mins <input type="text"/>
<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>
Strength exercise mins <input type="text"/>	Strength exercise mins <input type="text"/>	Strength exercise mins <input type="text"/>	Strength exercise mins <input type="text"/>	Strength exercise mins <input type="text"/>	Strength exercise mins <input type="text"/>	Strength exercise mins <input type="text"/>
<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>



Aerobic exercise:

10 mins ☐ 30 mins ☐ 60 mins ☐ 90 mins ☐ 120 mins ☐ 150 mins + ☐

## Weekly summary

Your weight loss tracker - Record your weight and waist size at the start and end of each week to help you stay on track

End of the week

Weight	Waist
<input type="text"/>	<input type="text"/>

Aerobic exercise:

10 mins ☐ 30 mins ☐ 60 mins ☐ 90 mins ☐ 120 mins ☐ 150 mins + ☐

Strength exercise:

10 mins ☐ 30 mins ☐ 60 mins ☐ 90 mins ☐ 120 mins ☐ 150 mins + ☐

End of the week

Weight	Waist
<input type="text"/>	<input type="text"/>

Aerobic exercise:

10 mins ☐ 30 mins ☐ 60 mins ☐ 90 mins ☐ 120 mins ☐ 150 mins + ☐

Strength exercise:

10 mins ☐ 30 mins ☐ 60 mins ☐ 90 mins ☐ 120 mins ☐ 150 mins + ☐



# Week 4 food and activity chart

Mon	Tue	Wed	Thu	Fri	Sat	Sun
<b>Food</b>	<b>Food</b>	<b>Food</b>	<b>Food</b>	<b>Food</b>	<b>Food</b>	<b>Food</b>
Total calories: <input type="text"/>	Total calories: <input type="text"/>	Total calories: <input type="text"/>	Total calories: <input type="text"/>	Total calories: <input type="text"/>	Total calories: <input type="text"/>	Total calories: <input type="text"/>
<input type="text"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="text"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="text"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="text"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="text"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="text"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="text"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
Oops! Unplanned snacks or drinks	Oops! Unplanned snacks or drinks	Oops! Unplanned snacks or drinks	Oops! Unplanned snacks or drinks	Oops! Unplanned snacks or drinks	Oops! Unplanned snacks or drinks	Oops! Unplanned snacks or drinks
<b>Your 5 a day</b> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<b>Your 5 a day</b> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<b>Your 5 a day</b> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<b>Your 5 a day</b> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<b>Your 5 a day</b> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<b>Your 5 a day</b> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<b>Your 5 a day</b> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
<b>Activity</b>	<b>Activity</b>	<b>Activity</b>	<b>Activity</b>	<b>Activity</b>	<b>Activity</b>	<b>Activity</b>
Total minutes: <input type="text"/>	Total minutes: <input type="text"/>	Total minutes: <input type="text"/>	Total minutes: <input type="text"/>	Total minutes: <input type="text"/>	Total minutes: <input type="text"/>	Total minutes: <input type="text"/>
Aerobic exercise mins <input type="text"/>	Aerobic exercise mins <input type="text"/>	Aerobic exercise mins <input type="text"/>	Aerobic exercise mins <input type="text"/>	Aerobic exercise mins <input type="text"/>	Aerobic exercise mins <input type="text"/>	Aerobic exercise mins <input type="text"/>
<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>
Strength exercise mins <input type="text"/>	Strength exercise mins <input type="text"/>	Strength exercise mins <input type="text"/>	Strength exercise mins <input type="text"/>	Strength exercise mins <input type="text"/>	Strength exercise mins <input type="text"/>	Strength exercise mins <input type="text"/>
<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>



Aerobic exercise:

10 mins ☐ 30 mins ☐ 60 mins ☐ 90 mins ☐ 120 mins ☐ 150 mins + ☐

## Weekly summary

Your weight loss tracker - Record your weight and waist size at the start and end of each week to help you stay on track

### End of the week

Weight	Waist
--------	-------

kg/lbs cms/in

### Start of the week

Weight	Waist
--------	-------

kg/lbs cms/in



Aerobic exercise:

10 mins ☐ 30 mins ☐ 60 mins ☐ 90 mins ☐ 120 mins ☐ 150 mins + ☐



Strength exercise:

mon ☐ tues ☐ wed ☐ thurs ☐ fri ☐ sat ☐ sun ☐

1 session on 2 or more days a week



# Week 5 food and activity chart

Mon	Tue	Wed	Thu	Fri	Sat	Sun
<b>Food</b>	<b>Food</b>	<b>Food</b>	<b>Food</b>	<b>Food</b>	<b>Food</b>	<b>Food</b>
Total calories: <input type="text"/>	Total calories: <input type="text"/>	Total calories: <input type="text"/>	Total calories: <input type="text"/>	Total calories: <input type="text"/>	Total calories: <input type="text"/>	Total calories: <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Oops!	Oops!	Oops!	Oops!	Oops!	Oops!	Oops!
Unplanned snacks or drinks	Unplanned snacks or drinks	Unplanned snacks or drinks	Unplanned snacks or drinks	Unplanned snacks or drinks	Unplanned snacks or drinks	Unplanned snacks or drinks
Your 5 a day <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Your 5 a day <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Your 5 a day <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Your 5 a day <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Your 5 a day <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Your 5 a day <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Your 5 a day <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
<b>Activity</b>	<b>Activity</b>	<b>Activity</b>	<b>Activity</b>	<b>Activity</b>	<b>Activity</b>	<b>Activity</b>
Total minutes: <input type="text"/>	Total minutes: <input type="text"/>	Total minutes: <input type="text"/>	Total minutes: <input type="text"/>	Total minutes: <input type="text"/>	Total minutes: <input type="text"/>	Total minutes: <input type="text"/>
Aerobic exercise mins <input type="text"/>	Aerobic exercise mins <input type="text"/>	Aerobic exercise mins <input type="text"/>	Aerobic exercise mins <input type="text"/>	Aerobic exercise mins <input type="text"/>	Aerobic exercise mins <input type="text"/>	Aerobic exercise mins <input type="text"/>
<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
Strength exercise mins <input type="text"/>	Strength exercise mins <input type="text"/>	Strength exercise mins <input type="text"/>	Strength exercise mins <input type="text"/>	Strength exercise mins <input type="text"/>	Strength exercise mins <input type="text"/>	Strength exercise mins <input type="text"/>
<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>



Aerobic exercise:

10 mins

30 mins

60 mins

90 mins

120 mins

150 mins +

## Weekly summary

Your weight loss tracker - Record your weight and waist size at the start and end of each week to help you stay on track

### Start of the week

Weight	Waist
--------	-------

kg/lbs      cms/in

### End of the week

Weight	Waist
--------	-------

kg/lbs      cms/in

1 session on 2 or more days a week



Strength exercise:

mon

tues

wed

thurs

fri

sat

sun



# Week 6 food and activity chart

Mon	Tue	Wed	Thu	Fri	Sat	Sun
<b>Food</b>	<b>Food</b>	<b>Food</b>	<b>Food</b>	<b>Food</b>	<b>Food</b>	<b>Food</b>
Total calories: <input type="text"/>	Total calories: <input type="text"/>	Total calories: <input type="text"/>	Total calories: <input type="text"/>	Total calories: <input type="text"/>	Total calories: <input type="text"/>	Total calories: <input type="text"/>
<input type="text"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="text"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="text"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="text"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="text"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="text"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="text"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
Oops! Unplanned snacks or drinks	Oops! Unplanned snacks or drinks	Oops! Unplanned snacks or drinks	Oops! Unplanned snacks or drinks	Oops! Unplanned snacks or drinks	Oops! Unplanned snacks or drinks	Oops! Unplanned snacks or drinks
<b>Your 5 a day</b> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<b>Your 5 a day</b> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<b>Your 5 a day</b> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<b>Your 5 a day</b> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<b>Your 5 a day</b> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<b>Your 5 a day</b> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<b>Your 5 a day</b> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
<b>Activity</b>	<b>Activity</b>	<b>Activity</b>	<b>Activity</b>	<b>Activity</b>	<b>Activity</b>	<b>Activity</b>
Total minutes: <input type="text"/>	Total minutes: <input type="text"/>	Total minutes: <input type="text"/>	Total minutes: <input type="text"/>	Total minutes: <input type="text"/>	Total minutes: <input type="text"/>	Total minutes: <input type="text"/>
Aerobic exercise mins <input type="text"/>	Aerobic exercise mins <input type="text"/>	Aerobic exercise mins <input type="text"/>	Aerobic exercise mins <input type="text"/>	Aerobic exercise mins <input type="text"/>	Aerobic exercise mins <input type="text"/>	Aerobic exercise mins <input type="text"/>
<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>
Strength exercise mins <input type="text"/>	Strength exercise mins <input type="text"/>	Strength exercise mins <input type="text"/>	Strength exercise mins <input type="text"/>	Strength exercise mins <input type="text"/>	Strength exercise mins <input type="text"/>	Strength exercise mins <input type="text"/>
<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>



Aerobic exercise:

10 mins

30 mins

60 mins

90 mins

120 mins

150 mins +

## Weekly summary

Your weight loss tracker - Record your weight and waist size at the start and end of each week to help you stay on track

Start of the week

Weight	Waist
--------	-------

kg/lbs      cms/in



Strength exercise:

mon

tues

wed

thurs

fri

sat

sun

1 session on 2 or more days a week

End of the week

Weight	Waist
--------	-------

kg/lbs      cms/in





# Week 7 food and activity chart

Mon	Tue	Wed	Thu	Fri	Sat	Sun
<b>Food</b>	<b>Food</b>	<b>Food</b>	<b>Food</b>	<b>Food</b>	<b>Food</b>	<b>Food</b>
Total calories: <input type="text"/>	Total calories: <input type="text"/>	Total calories: <input type="text"/>	Total calories: <input type="text"/>	Total calories: <input type="text"/>	Total calories: <input type="text"/>	Total calories: <input type="text"/>
<input type="text"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="text"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="text"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="text"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="text"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="text"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="text"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
Oops! Unplanned snacks or drinks	Oops! Unplanned snacks or drinks	Oops! Unplanned snacks or drinks	Oops! Unplanned snacks or drinks	Oops! Unplanned snacks or drinks	Oops! Unplanned snacks or drinks	Oops! Unplanned snacks or drinks
<b>Your 5 a day</b> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<b>Your 5 a day</b> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<b>Your 5 a day</b> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<b>Your 5 a day</b> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<b>Your 5 a day</b> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<b>Your 5 a day</b> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<b>Your 5 a day</b> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
<b>Activity</b>	<b>Activity</b>	<b>Activity</b>	<b>Activity</b>	<b>Activity</b>	<b>Activity</b>	<b>Activity</b>
Total minutes: <input type="text"/>	Total minutes: <input type="text"/>	Total minutes: <input type="text"/>	Total minutes: <input type="text"/>	Total minutes: <input type="text"/>	Total minutes: <input type="text"/>	Total minutes: <input type="text"/>
Aerobic exercise mins <input type="text"/>	Aerobic exercise mins <input type="text"/>	Aerobic exercise mins <input type="text"/>	Aerobic exercise mins <input type="text"/>	Aerobic exercise mins <input type="text"/>	Aerobic exercise mins <input type="text"/>	Aerobic exercise mins <input type="text"/>
<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>
Strength exercise mins <input type="text"/>	Strength exercise mins <input type="text"/>	Strength exercise mins <input type="text"/>	Strength exercise mins <input type="text"/>	Strength exercise mins <input type="text"/>	Strength exercise mins <input type="text"/>	Strength exercise mins <input type="text"/>
<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>



Aerobic exercise:

10 mins

30 mins

60 mins

90 mins

120 mins

150 mins +

## Weekly summary

Your weight loss tracker - Record your weight and waist size at the start and end of each week to help you stay on track

Start of the week

Weight

Waist

kg/lbs

cms/in

End of the week

Weight

Waist

kg/lbs

cms/in



Strength exercise:

mon

tues

wed

thurs

fri

sat

sun

1 session on 2 or more days a week





# Week 8 food and activity chart

Mon	Tue	Wed	Thu	Fri	Sat	Sun
<b>Food</b>	<b>Food</b>	<b>Food</b>	<b>Food</b>	<b>Food</b>	<b>Food</b>	<b>Food</b>
Total calories: <input type="text"/>	Total calories: <input type="text"/>	Total calories: <input type="text"/>	Total calories: <input type="text"/>	Total calories: <input type="text"/>	Total calories: <input type="text"/>	Total calories: <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Oops!	Oops!	Oops!	Oops!	Oops!	Oops!	Oops!
Unplanned snacks or drinks	Unplanned snacks or drinks	Unplanned snacks or drinks	Unplanned snacks or drinks	Unplanned snacks or drinks	Unplanned snacks or drinks	Unplanned snacks or drinks
<b>Your 5 a day</b>	<b>Your 5 a day</b>	<b>Your 5 a day</b>	<b>Your 5 a day</b>	<b>Your 5 a day</b>	<b>Your 5 a day</b>	<b>Your 5 a day</b>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Activity</b>	<b>Activity</b>	<b>Activity</b>	<b>Activity</b>	<b>Activity</b>	<b>Activity</b>	<b>Activity</b>
Total minutes: <input type="text"/>	Total minutes: <input type="text"/>	Total minutes: <input type="text"/>	Total minutes: <input type="text"/>	Total minutes: <input type="text"/>	Total minutes: <input type="text"/>	Total minutes: <input type="text"/>
Aerobic exercise mins	Aerobic exercise mins	Aerobic exercise mins	Aerobic exercise mins	Aerobic exercise mins	Aerobic exercise mins	Aerobic exercise mins
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Strength exercise mins	Strength exercise mins	Strength exercise mins	Strength exercise mins	Strength exercise mins	Strength exercise mins	Strength exercise mins
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>



Aerobic exercise:

10 mins

30 mins

60 mins

90 mins

120 mins

150 mins +

## Weekly summary

Your weight loss tracker - Record your weight and waist size at the start and end of each week to help you stay on track

Start of the week

Weight

Waist

kg/lbs

cms/in

End of the week

Weight

Waist

kg/lbs

cms/in



Strength exercise:

mon

tues

wed

thurs

fri

sat

sun

1 session on 2 or more days a week



# Week 9 food and activity chart

Mon	Tue	Wed	Thu	Fri	Sat	Sun
<b>Food</b>	<b>Food</b>	<b>Food</b>	<b>Food</b>	<b>Food</b>	<b>Food</b>	<b>Food</b>
Total calories: <input type="text"/>	Total calories: <input type="text"/>	Total calories: <input type="text"/>	Total calories: <input type="text"/>	Total calories: <input type="text"/>	Total calories: <input type="text"/>	Total calories: <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Oops!	Oops!	Oops!	Oops!	Oops!	Oops!	Oops!
Unplanned snacks or drinks	Unplanned snacks or drinks	Unplanned snacks or drinks	Unplanned snacks or drinks	Unplanned snacks or drinks	Unplanned snacks or drinks	Unplanned snacks or drinks
Your 5 a day <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Your 5 a day <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Your 5 a day <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Your 5 a day <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Your 5 a day <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Your 5 a day <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Your 5 a day <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
<b>Activity</b>	<b>Activity</b>	<b>Activity</b>	<b>Activity</b>	<b>Activity</b>	<b>Activity</b>	<b>Activity</b>
Total minutes: <input type="text"/>	Total minutes: <input type="text"/>	Total minutes: <input type="text"/>	Total minutes: <input type="text"/>	Total minutes: <input type="text"/>	Total minutes: <input type="text"/>	Total minutes: <input type="text"/>
Aerobic exercise mins <input type="text"/>	Aerobic exercise mins <input type="text"/>	Aerobic exercise mins <input type="text"/>	Aerobic exercise mins <input type="text"/>	Aerobic exercise mins <input type="text"/>	Aerobic exercise mins <input type="text"/>	Aerobic exercise mins <input type="text"/>
<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
Strength exercise mins <input type="text"/>	Strength exercise mins <input type="text"/>	Strength exercise mins <input type="text"/>	Strength exercise mins <input type="text"/>	Strength exercise mins <input type="text"/>	Strength exercise mins <input type="text"/>	Strength exercise mins <input type="text"/>
<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>



Aerobic exercise:

10 mins	30 mins	60 mins	90 mins	120 mins	150 mins +
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Weekly summary

Your weight loss tracker - Record your weight and waist size at the start and end of each week to help you stay on track

End of the week

Weight	Waist
<input type="text"/>	<input type="text"/>

Weight	Waist
<input type="text"/>	<input type="text"/>



Strength exercise:

mon	tues	wed	thurs	fri	sat	sun
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1 session on 2 or more days a week

End of the week

Weight	Waist
<input type="text"/>	<input type="text"/>

Weight	Waist
<input type="text"/>	<input type="text"/>

kg/lbs

cms/in

kg/lbs

cms/in



Week 10 food and activity chart

Mon	Tue	Wed	Thu	Fri	Sat	Sun
Food	Food	Food	Food	Food	Food	Food
Total calories: <input type="text"/>	Total calories: <input type="text"/>	Total calories: <input type="text"/>	Total calories: <input type="text"/>	Total calories: <input type="text"/>	Total calories: <input type="text"/>	Total calories: <input type="text"/>
<input type="text"/> <input checked="" type="checkbox"/>	<input type="text"/> <input checked="" type="checkbox"/>	<input type="text"/> <input checked="" type="checkbox"/>	<input type="text"/> <input checked="" type="checkbox"/>	<input type="text"/> <input checked="" type="checkbox"/>	<input type="text"/> <input checked="" type="checkbox"/>	<input type="text"/> <input checked="" type="checkbox"/>
<input type="text"/> <input checked="" type="checkbox"/>	<input type="text"/> <input checked="" type="checkbox"/>	<input type="text"/> <input checked="" type="checkbox"/>	<input type="text"/> <input checked="" type="checkbox"/>	<input type="text"/> <input checked="" type="checkbox"/>	<input type="text"/> <input checked="" type="checkbox"/>	<input type="text"/> <input checked="" type="checkbox"/>
Oops! Unplanned snacks or drinks	Oops! Unplanned snacks or drinks	Oops! Unplanned snacks or drinks	Oops! Unplanned snacks or drinks	Oops! Unplanned snacks or drinks	Oops! Unplanned snacks or drinks	Oops! Unplanned snacks or drinks
Your 5 a day <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Your 5 a day <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Your 5 a day <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Your 5 a day <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Your 5 a day <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Your 5 a day <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Your 5 a day <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
Activity	Activity	Activity	Activity	Activity	Activity	Activity
Total minutes: <input type="text"/>	Total minutes: <input type="text"/>	Total minutes: <input type="text"/>	Total minutes: <input type="text"/>	Total minutes: <input type="text"/>	Total minutes: <input type="text"/>	Total minutes: <input type="text"/>
Aerobic exercise mins <input type="text"/>	Aerobic exercise mins <input type="text"/>	Aerobic exercise mins <input type="text"/>	Aerobic exercise mins <input type="text"/>	Aerobic exercise mins <input type="text"/>	Aerobic exercise mins <input type="text"/>	Aerobic exercise mins <input type="text"/>
<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
Strength exercise mins <input type="text"/>	Strength exercise mins <input type="text"/>	Strength exercise mins <input type="text"/>	Strength exercise mins <input type="text"/>	Strength exercise mins <input type="text"/>	Strength exercise mins <input type="text"/>	Strength exercise mins <input type="text"/>
<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>



Aerobic exercise:

10 mins

30 mins

60 mins

90 mins

120 mins

150 mins +

1 session on 2 or more days a week

mon

tues

wed

thurs

fri

sat

sun

kg/lbs

cms/in

Start of the week

Weight

Waist

kg/lbs

cms/in

End of the week

Weight

Waist

kg/lbs

cms/in



Week 11 food and activity chart

Mon	Tue	Wed	Thu	Fri	Sat	Sun
Food	Food	Food	Food	Food	Food	Food
Total calories: <input type="text"/>	Total calories: <input type="text"/>	Total calories: <input type="text"/>	Total calories: <input type="text"/>	Total calories: <input type="text"/>	Total calories: <input type="text"/>	Total calories: <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Oops!	Oops!	Oops!	Oops!	Oops!	Oops!	Oops!
Unplanned snacks or drinks	Unplanned snacks or drinks	Unplanned snacks or drinks	Unplanned snacks or drinks	Unplanned snacks or drinks	Unplanned snacks or drinks	Unplanned snacks or drinks
Your 5 a day <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Your 5 a day <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Your 5 a day <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Your 5 a day <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Your 5 a day <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Your 5 a day <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Your 5 a day <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
Activity	Activity	Activity	Activity	Activity	Activity	Activity
Total minutes: <input type="text"/>	Total minutes: <input type="text"/>	Total minutes: <input type="text"/>	Total minutes: <input type="text"/>	Total minutes: <input type="text"/>	Total minutes: <input type="text"/>	Total minutes: <input type="text"/>
Aerobic exercise mins <input type="text"/>	Aerobic exercise mins <input type="text"/>	Aerobic exercise mins <input type="text"/>	Aerobic exercise mins <input type="text"/>	Aerobic exercise mins <input type="text"/>	Aerobic exercise mins <input type="text"/>	Aerobic exercise mins <input type="text"/>
<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
Strength exercise mins <input type="text"/>	Strength exercise mins <input type="text"/>	Strength exercise mins <input type="text"/>	Strength exercise mins <input type="text"/>	Strength exercise mins <input type="text"/>	Strength exercise mins <input type="text"/>	Strength exercise mins <input type="text"/>
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Aerobic exercise:

10 mins

30 mins

60 mins

90 mins

120 mins

150 mins +

Weekly summary

Your weight loss tracker - Record your weight and waist size at the start and end of each week to help you stay on track

Weight

Waist

kg/lbs

cms/in

Weight

Waist

kg/lbs

cms/in



Strength exercise:

mon

tues

wed

thurs

fri

sat

sun

1 session on 2 or more days a week



Week 12 food and activity chart

Mon	Tue	Wed	Thu	Fri	Sat	Sun
Food	Food	Food	Food	Food	Food	Food
Total calories: <input type="text"/>	Total calories: <input type="text"/>	Total calories: <input type="text"/>	Total calories: <input type="text"/>	Total calories: <input type="text"/>	Total calories: <input type="text"/>	Total calories: <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Oops!	Oops!	Oops!	Oops!	Oops!	Oops!	Oops!
Unplanned snacks or drinks	Unplanned snacks or drinks	Unplanned snacks or drinks	Unplanned snacks or drinks	Unplanned snacks or drinks	Unplanned snacks or drinks	Unplanned snacks or drinks
Your 5 a day <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Your 5 a day <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Your 5 a day <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Your 5 a day <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Your 5 a day <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Your 5 a day <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Your 5 a day <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
Activity	Activity	Activity	Activity	Activity	Activity	Activity
Total minutes: <input type="text"/>	Total minutes: <input type="text"/>	Total minutes: <input type="text"/>	Total minutes: <input type="text"/>	Total minutes: <input type="text"/>	Total minutes: <input type="text"/>	Total minutes: <input type="text"/>
Aerobic exercise mins <input type="text"/>	Aerobic exercise mins <input type="text"/>	Aerobic exercise mins <input type="text"/>	Aerobic exercise mins <input type="text"/>	Aerobic exercise mins <input type="text"/>	Aerobic exercise mins <input type="text"/>	Aerobic exercise mins <input type="text"/>
<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
Strength exercise mins <input type="text"/>	Strength exercise mins <input type="text"/>	Strength exercise mins <input type="text"/>	Strength exercise mins <input type="text"/>	Strength exercise mins <input type="text"/>	Strength exercise mins <input type="text"/>	Strength exercise mins <input type="text"/>
<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>



Aerobic exercise:

10 mins ☐ 30 mins ☐ 60 mins ☐ 90 mins ☐ 120 mins ☐ 150 mins + ☐

Weekly summary

Your weight loss tracker - Record your weight and waist size at the start and end of each week to help you stay on track



Strength exercise:

mon ☐ tues ☐ wed ☐ thurs ☐ fri ☐ sat ☐ sun ☐

1 session on 2 or more days a week

End of the week

Weight

Waist

kg/lbs

cms/in

Start of the week

Weight

Waist

kg/lbs

cms/in