

# NMCP Food & Exercise Log Book

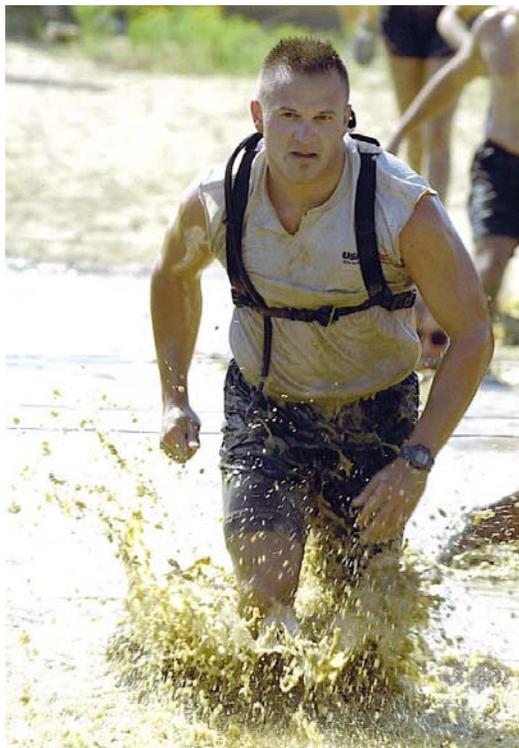


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version 1.2

NMCP Wellness Department Product Line

Version 1.2

Welcome, and congratulations for taking a major step in improving your health and wellness by committing to an 8-week weight management program. This program introduces a variety of methods that you can use to attain and maintain your ideal body weight. There are many educational tools that you will be given. The single essential ingredient necessary for its success is you. Without your sincere commitment and active participation, all of the fancy programs in the world will change nothing. Accept the challenge to create a healthier you.



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My quote: “This doesn’t happen overnight”

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## KEY POINTS FOR WEIGHT LOSS

- Eat 5-6 small meals a day.
- Eat a combination of proteins, carbs. and fats (PCF) at each setting.
- If you require more food add a fruit or vegetable not bread or meat.
- Use the list of 70 healthy foods as a guideline for portion sizes and calorie intake.
- Do not eat any food past your last snack of the day. No food 2-3 hours before bedtime.
- Drink 8 cups of water on non-PT days and at least 10 cups on PT days.
- 1 meal per week you can splurge in moderation.
- Dietary fiber should be around 25-35mg. per day.
- Weigh in once per week consistently.
- Plan all meals and snacks in advance.
- Be consistent with all PT sessions. Make time to PT.
- Strength train 3 times per week.
- LSD cardio. training 5 times per week.
- 85% cardio. training 2 times per week.
- Do not skip meals or snacks.
- Use a supplement shake or health bar when needed.
- Track your weight loss on the graph.
- Avoid the “ene” diet. Caffeine, nicotine, vending machine!
- This is not an active lifestyle, it’s active living. Find ways to stay active. Don’t be so structured.
- Remember what your goal is and stick to it.

## BODY COMPOSITION

The healthy human body is made up of 4/5 lean tissue (muscle, bone, minerals and water) and 1/5 fat tissue. Translating this into percentages, a healthy male should be 20% or less fat and a healthy woman should be 25% or less fat. Many male athletes are less than 10% fat and many female athletes less than 18%. Being over fat is associated with many risk factors including: high blood pressure, diabetes, increased cholesterol and heart problems. The most reasonable approach to losing body fat is to combine eating less with exercising more. The average male should consume approximately 2200 calories per day while the average woman around 1800 calories per day.

The skinfold caliper has a percent error of  $\pm 3\%$  and may not be used as an alternative to the military tape measure.

Name: \_\_\_\_\_

Age: \_\_\_\_\_

MALE:

Chest \_\_\_\_\_ mm  
 Abd. \_\_\_\_\_ mm  
 Thigh \_\_\_\_\_ mm  
                                          mm

FEMALE:

Triceps \_\_\_\_\_ mm  
 Hip \_\_\_\_\_ mm  
 Thigh \_\_\_\_\_ mm  
                                          mm

\_\_\_\_\_ %

**MALE:**

**FEMALE:**

3	Very Lean	10
5		12
7		15
8	Healthy	16
12		19
15		21
16	Average	22
20		25
24		29
25	Overweight	30
29		33
33		35
34	Obese	36
37		39
41		41

\*National Defense University Body Composition Scale.

\*Baun, Raven nomogram used for estimate of body fat.

## BODY COMPOSITION CALCULATIONS

### HOW MUCH FAT DO I HAVE ON MY BODY?

Your Body Weight: \_\_\_\_\_ lbs.

Your percent fat: x \_\_\_\_\_ %

Lbs. of fat: = \_\_\_\_\_ lbs.

### HOW MUCH LEAN MASS DO I HAVE ON MY BODY?

Your body weight: \_\_\_\_\_ lbs.

Lbs. of fat: - \_\_\_\_\_ lbs.

Lean body mass: = \_\_\_\_\_ lbs.

### HOW DO I DETERMINE MY GOAL WEIGHT?

Lean body mass: \_\_\_\_\_ lbs.

Your optimal % fat:  $1 - \left( \frac{\text{_____ \%}}{100} \right) =$

Goal Body Weight: = \_\_\_\_\_ lbs.

Weight loss goal	
Current Wt:	_____ lbs.
Goal Wt: -	_____ lbs.
Loss =	_____ lbs.
Weeks: =	_____

### EXAMPLE:

#### Male: 168 lbs.

168 x 16% = 27 lbs.

168 - 27 = 141 lbs.

141 / 1 - 12% (.88) =

Goal Weight: **160 lbs.**

168 - 160 = 8 lbs.

4 - 5 weeks

#### Female: 138 lbs.

138 x 22% = 30 lbs.

138 - 30 = 108 lbs.

108 / 1 - 15% (.85) =

Goal Weight: **127 lbs.**

138 - 127 = 11 lbs.

9 - 11 weeks

- These formulas can be used no matter what type of body fat testing is utilized.

**ESTIMATING ENGERGY NEEDS**

Energy needs are based on daily energy output or expenditures. The three major contributors to energy Expenditure are:

**Basal Metabolic Rate (BMR):** This is the energy needed to maintain life.

**Digestion:** A small amount of energy is needed to digest food.

**Physical Activity:** Energy is needed during physical activity.

**Calculate Your BMR**

	<b>Age:</b>	
Men:	18-30	6.95 x body wt (lbs) + 679
	31-60	5.27 x body wt (lbs) + 879
Women:	18-30	6.68 x body wt (lbs) + 496
	31-60	3.95 x body wt (lbs) + 829

**Your BMR is \_\_\_\_\_ kcal/day.**

**Estimate Your Activity Factor (AF) Level**

Very Light	Seated and standing activities, driving, playing cards, computer work.	1.2
Light	Walking, sailing, bowling, light stretching, golf, woodworking,	1.4
Moderate	Jogging, aerobic dance, light swimming, biking, callisthenics	1.6
Strenuous	Stairmaster, ski machine, running, soccer, o-course, weight training	1.9
Execptional	Running, swimming, cycling uphill, rowing, carrying heavy loads	2.3

**Your Activity Factor is \_\_\_\_\_.**

**Total Daily Estimated Energy Requirement**

Your total daily estimated energy requirement (EER) is the amount of kcals you need to eat each day to offset the energy expanded through your BMR and physical activity and maintain an energy balance of zero. Calculate your EER.

**Calculate Your Estimated Energy Requirement (EER)**

<u>        </u>	<b>X</b>	<u>        </u>	<b>=</b>	<u>        </u>	<b>[ -</b>	<u>        </u>	<b>]</b>	<b>=</b>	<u>        </u>
<b>BMR</b>		<b>AF</b>		<b>EER</b>					

**RECOMMENDED NUMBER OF SERVINGS PER CALORIE INTAKE PER DAY**

Calories	Grains 80 kcal	Vegetables 15-100 kcal	Fruits 60-100 kcal	Dairy 90-150 kcal	Meats 165-225 kcal	Fats 15-120 kcal
1200	5	3	2	2	2	2
1400	6	4	3	2	2	2
1600	6	5	4	2	2	3
1800	7	5	4	2	3	3
2000	8	5	4	2	3	4
2200	9	5	4	3	3	4
2400	10	6	5	3	3	4
2600	10	6	5	3	4	5
2800	11	6	5	3	4	5
3000	11	7	6	3	4	5
3200	11	8	6	3	4	5

So what constitutes a serving?

## SINGLE SERVINGS

### Grains

1 slice whole wheat bread  
1 plain bagel  
1 plain English muffin  
1 pita bread  
1 plain graham cracker  
2 fig cookies  
2oz. dry spaghetti  
½ cup cooked brown rice  
½ cup cooked buckwheat  
½ cup cooked bulgur  
1 cup bran flakes  
½ cup dry oats  
1 oz wheat germ  
1 4-inch dia. Pancake  
¾ oz pretzels

### Vegetables

1 plain baked potato  
1 cup cooked yams  
1 cup parsnips  
1 raw carrot  
1 cup cooked squash  
1 ear cooked corn  
½ cup romaine lettuce  
½ cup raw spinach  
½ cup cooked broccoli  
1 raw tomato  
1 raw mushroom

### Fruits

10 halves dried apricots  
5 dried prunes  
¼ cup raisins  
1 raw banana  
1 raw orange  
1 raw apple  
1 cup strawberries  
½ raw cantaloupe  
1 cup orange juice  
1 cup apple juice

### Dairy

1 cup low fat milk

1 cup skim milk  
1 cup vanilla yogurt  
½ cup natural cottage cheese  
½ cup natural ricotta cheese  
1 oz. natural mozzarella cheese  
1 oz. natural Swiss cheese

### Meats

1 large egg  
2 egg whites  
½ cup black beans  
½ cup navy beans  
½ cup pinto beans  
½ cup cooked soybeans  
½ cup lentils  
½ cup split peas  
½ cup raw tofu  
1 tbsp. sunflower seeds  
1 tbsp. sesame seeds  
1 oz. dry roasted peanuts  
2 tbsp. chunky peanut butter  
3 oz. halibut  
3 oz. flounder  
3 oz shrimp  
½ breast chicken  
1 chicken leg  
3 oz. turkey dark  
3 oz. turkey light  
3 oz. beef

### Fats

1 tbsp. canola oil  
1 tbsp. olive oil  
1 tbsp. safflower oil  
3 oz. frozen yogurt  
1 tbsp. jam preserves  
1 tbsp. honey  
1 tbsp. maple syrup

### Others

black coffee  
caffeine free, diet soda  
supplements  
sugar free drinks  
herbs, vitamins, minerals  
medications

## **NUTRITION LINKS ON THE WEB**

WWW.

[5aday.gov](http://5aday.gov)

[Chowbaby.com](http://Chowbaby.com)

[Cookinglight.com](http://Cookinglight.com)

[Cyberdiet.com](http://Cyberdiet.com)

[Deliciousdecisions.org](http://Deliciousdecisions.org)

[DietAnalysis.com](http://DietAnalysis.com)

[Dietsite.com](http://Dietsite.com)

[Dietsure.com](http://Dietsure.com)

[Fitday.com](http://Fitday.com)

[Fitnesslink.com](http://Fitnesslink.com)

[Foodallergy.org](http://Foodallergy.org)

[Foodcount.com](http://Foodcount.com)

[Healthfinder.gov](http://Healthfinder.gov)

[Healthy.net](http://Healthy.net)

[Healthyfridge.org](http://Healthyfridge.org)

[Mayoclinic.com](http://Mayoclinic.com)

[Nutritionquest.com](http://Nutritionquest.com)

[Quackwatch.com](http://Quackwatch.com)

[Shapeup.org](http://Shapeup.org)

[Thecaloriecounter.com](http://Thecaloriecounter.com)

[USDA.gov](http://USDA.gov)

[Vegweb.com](http://Vegweb.com)

[VRG.org](http://VRG.org)

[Webmd.com](http://Webmd.com)

The Health Promotion office does not endorse any certain diet or promote any particular website. Some are better than others. Surf the web and use your best judgment or ask a nutritionist.

# WEIGHT-LOSS PROGRESS CHART

Starting Weight \_\_\_\_\_ Target Weight \_\_\_\_\_

Wt. Lbs. Lbs lost.

											_____	_____
											_____	_____
											_____	_____
											_____	_____
											_____	_____
											_____	_____
											_____	_____
											_____	_____
											_____	_____
											_____	_____
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>Week</b>	
—	—	—	—	—	—	—	—	—	—	—	<b>Date</b>	

Record your weight weekly on this chart.

Use the same weight scale and try to wear the same clothes as often as possible.

## CONTRADICTED EXERCISES (Exercises that May Lead to Injury)

Exercise	Why potentially dangerous
<p>The plough</p> 	<ul style="list-style-type: none"> <li>• Excessive strain on lower back and discs.</li> <li>• Especially dangerous for people with existing back problems.</li> <li>• Dangerously strong neck stretch.</li> <li>• Reinforces faulty posture (inverted back).</li> <li>• Compresses heart, lungs and interferes with breathing.</li> </ul>
<p>Hurdler's stretch</p> 	<ul style="list-style-type: none"> <li>• Promotes knee instability.</li> <li>• Twists and compresses kneecap and may cause it to sideslip.</li> <li>• Reinforces a stretch with a twisted lower back, further adding strain to lower vertebrae.</li> </ul>
<p>Deep knee bend</p> 	<ul style="list-style-type: none"> <li>• Endangers lateral ligaments of the knees.</li> <li>• Compresses kneecap and may damage knee cartilage.</li> <li>• Especially dangerous with the use of weights.</li> </ul>
<p>Standing torso twist</p> 	<ul style="list-style-type: none"> <li>• Strain the ligaments of the knee.</li> <li>• Develops momentum, which may exceed the absorbing capacity of the muscles being stretched.</li> </ul>
<p>Straight leg toe touch</p> 	<ul style="list-style-type: none"> <li>• Stresses medial aspect of knees.</li> <li>• Causes hyperextension at the knee.</li> <li>• Places greater pressure on lower spine (lumber region).</li> <li>• Permanent deformity (i.e. loose or knock knees).</li> </ul>
<p>The bridge</p> 	<ul style="list-style-type: none"> <li>• Squeezes the spinal discs and pinches nerve fibers.</li> <li>• Can cause permanent back pain.</li> </ul>

Contraindicated stretches can still be performed by athletes providing:

- They are advanced athletes and have had a great deal of experience with the action
- They understand the correct technique
- Athletes are adequately warmed up before attempting them
- Athletes implement a progressive program that develops the activity or stretch incrementally
- They do not neglect the other aspects of fitness e.g. balance, strength and agility
- The movements are executed rhythmically to avoid jerky actions and excessive momentum at the end point of the stretch

## ACTIVITY ASSOCIATED WITH CALORIES BURNED

Activity	Calories Burned Per. Hour
Aerobics (high)	480
Aerobics (low)	352
Basketball	440
Bicycling, <10 mph	280
Bicycling, >20 mph	1126
Bowling	211
Boxing, sparring	633
Calisthenics	563
Child care	246
Circuit training, general	563
Cross-country skiing	700
Dancing	330
Football, touch, flag	563
Golf (walking w/ clubs)	330
Hiking	370
Housework	240
Inline skating	493
Jogging, 5½ mph	740
Jogging, 7 mph	920
Running, 10 mph	1280
Soccer, general	493
Stretching	180
Swimming, 25 yds./min.	275
Swimming, 50 yds./min.	500
Tennis, singles	400
Ultimate frisbee	246
Walking, 3 mph	320
Walking, 4½ mph	440
Water aerobics	281
Weight lifting (heavy)	440
Weight lifting (light)	220
Yard work	320

\* These figures are for a person who weighs 150 pounds. The amount of calories you burn during an activity depends on how much you weigh. The more you weigh, the more calories you burn. For example, a person weighing 100 pounds burns only 0.67 times the calories of a person who weighs 150 pounds ( $100 \div 150 = 0.67$ ). So, to find the number of calories burned in an activity by a person weighing 100 pounds, multiply the number of calories in this chart by 0.67. For a person weighing 200 pounds, multiply by 1.3. To find the number of calories you burn in any activity, divide your weight by 150 and multiply the number of calories in the chart by that number.

## FINDING YOUR TARGET HEART RATE

Here's a simple, three-step formula for finding your Target Heart Rate Range (THRR). This is a range that you should try to maintain during physical training. Utilize a heart rate monitor as often as possible.

Step 1:  $220 - (\text{your age}) = \text{maximum heart rate (MHR)}$

Step 2:  $\text{MHR} \times 60\% = \text{low target rate}$

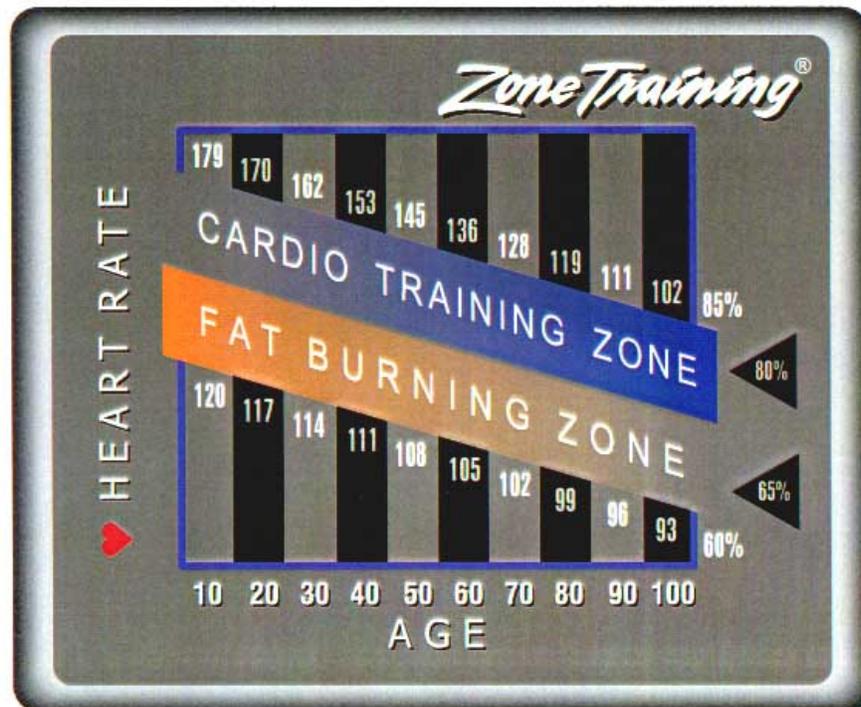
Step 3:  $\text{MHR} \times 85\% = \text{high target rate}$

1. 220

2.

3.

$$- \text{ \_\_\_\_\_\_ } \text{ bpm} \quad \times \text{ \underline{.60} } \text{ bpm} \quad \times \text{ \underline{.85} } \text{ bpm}$$



## PROTEIN NEEDS

Calculate your protein needs

1. Body weight \_\_\_\_\_ lbs.

2. .6 grams/lb x \_\_\_\_\_ lbs. = \_\_\_\_\_ grams protein.  
(body wt.)

3. .8 grams/lb x \_\_\_\_\_ lbs.= \_\_\_\_\_ grams protein.  
(body wt.)

4. Daily protein grams = \_\_\_\_\_ to \_\_\_\_\_ .

Protein needs for athletes vary depending upon their body weight and the frequency, intensity, duration and types of their activities. Adequate daily protein intake is essential for muscle and tissue repair, muscle growth, and regulation of metabolism. Most athletes eat enough protein and some even eat more than they need, believing it will help increase their muscle mass.

NMCP  
Wellness Department

**Food and Exercise Log**

NAME: <b>JOE SAILOR</b>	DATE: <b>11/11</b>	CALORIE GOAL: <b>2000</b>
% BF: <b>33%</b>	WT: <b>219</b>	Goal Wt: <b>190</b>
		BMI: <b>32</b>

Meal	Food Eaten	Amount	Calories	Food Guide Pyramid			Exercise		
				Type	Goal	Servings			
Breakfast Time: <b>0630</b>	<b>Orange Juice</b>	<b>6 oz</b>		Fats	<b>4</b>	○ ○ ○	Cardiovascular:  <b>3 Mile Run</b>  Duration: <b>30 minutes</b>  Intensity/RPE: <b>5 - 6</b>		
	<b>Toast</b>	<b>2</b>				○ ○ ○			
	<b>Butter</b>	<b>2</b>				○ ○ ○			
Snack Time: <b>0900</b>	<b>Rice cakes</b>	<b>2</b>		Meats	<b>3</b>	○ ○ ○	Strength: Exercise      wt /rep		
	<b>Tuna</b>	<b>3 oz</b>				○ ○ ○			
						○ ○ ○			
Lunch Time: <b>1130</b>	<b>Salad</b>	<b>1</b>		Dairy	<b>2</b>	○ ○ ○	<b>Push ups</b>	<b>bw</b>	<b>50</b>
	<b>Tomatoes</b>	<b>1/2</b>				○ ○ ○	<b>Sit ups</b>	<b>bw</b>	<b>100</b>
	<b>Cucumbers</b>	<b>1/2</b>				○ ○ ○			
	<b>Romaine</b>	<b>1</b>		Fruits	<b>4</b>	○ ○ ○			
	<b>Dressing</b>	<b>Tbsp</b>				○ ○ ○			
	<b>Soda</b>	<b>12 oz</b>				○ ○ ○			
Snack Time: <b>1400</b>	<b>Power Bar</b>	<b>1</b>		Vegetables	<b>5</b>	○ ○ ○			
						○ ○ ○			
Dinner Time: <b>1700</b>	<b>Lasagna</b>	<b>1</b>		Grains	<b>8</b>	○ ○ ○ ○			
	<b>Dinner Roll</b>	<b>1</b>				○ ○ ○ ○			
	<b>Dipping Sauce</b>	<b>1</b>				○ ○ ○ ○			
	<b>Wine</b>	<b>10 oz</b>		Other		○ ○ ○ ○			
	<b>Cheese cake</b>	<b>1</b>				○ ○ ○ ○			
Snack Time: <b>1930</b>	<b>Popcorn</b>	<b>2</b>				○ ○ ○ ○			
						○ ○ ○ ○			
		<b>Total</b>							

Water Consumption: Mark each box as you drink 1 glass of water (8 oz)

\*Rate of Perceived Exertion Scale (RPE)

- |                                   |                                        |
|-----------------------------------|----------------------------------------|
| 1 Nothing at all                  | 6. Moderate (able to talk comfortably) |
| 2 Very, very light (able to sing) | 7. Somewhat difficult                  |
| 3. Very light                     | 8. Difficult (huffing and puffing)     |
| 4. Light (able to breathe easily) | 9. Extremely difficult                 |
| 5. Moderately Light               | 10. Very, very difficult (breathless)  |

# WEEK 1

My goal this week is to:

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NMCP Wellness Department

**Food and Exercise Log**

NAME:		DATE:	CALORIE GOAL:
% BF:	WT:	Goal Wt:	BMI:

Meal	Food Eaten	Amount	Calories	Food Guide Pyramid			Exercise		
				Type	Goal	Servings			
Breakfast  Time: _____				Fats		○ ○ ○	Cardiovascular:		
						○ ○ ○			
						○ ○ ○	Duration:		
						○ ○ ○			
Snack Time: _____				Meats		○ ○ ○	Intensity/RPE:		
						○ ○ ○			
						○ ○ ○	Strength: Exercise    wt /rep		
						○ ○ ○			
Lunch  Time: _____				Dairy		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Fruits		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Dinner  Time: _____				Vegetables		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Grains		○ ○ ○ ○			
						○ ○ ○ ○			
						○ ○ ○ ○			
						○ ○ ○ ○			
Snack Time: _____				Other		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
		<b>Total</b>							

Water Consumption: Mark each box as you drink 1 glass of water (8 oz)

\*Rate of Perceived Exertion Scale (RPE)

- |                                    |                                        |
|------------------------------------|----------------------------------------|
| 1. Nothing at all                  | 6. Moderate (able to talk comfortably) |
| 2. Very, very light (able to sing) | 7. Somewhat difficult                  |
| 3. Very light                      | 8. Difficult (huffing and puffing)     |
| 4. Light (able to breathe easily)  | 9. Extremely difficult                 |
| 5. Moderately Light                | 10. Very, very difficult (breathless)  |

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**Food and Exercise Log**

NAME:		DATE:	CALORIE GOAL:
% BF:	WT:	Goal Wt:	BMI:

Meal	Food Eaten	Amount	Calories	Food Guide Pyramid			Exercise		
				Type	Goal	Servings			
Breakfast  Time: _____				Fats		○ ○ ○	Cardiovascular:  Duration:  Intensity/RPE:		
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Meats		○ ○ ○	Strength: Exercise    wt /rep		
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Lunch  Time: _____				Dairy		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Fruits		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Dinner  Time: _____				Vegetables		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Grains		○ ○ ○ ○			
						○ ○ ○ ○			
						○ ○ ○ ○			
						○ ○ ○ ○			
Snack Time: _____				Other		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
		<b>Total</b>							

Water Consumption: Mark each box as you drink 1 glass of water (8 oz)

\*Rate of Perceived Exertion Scale (RPE)

- |                                    |                                        |
|------------------------------------|----------------------------------------|
| 1. Nothing at all                  | 6. Moderate (able to talk comfortably) |
| 2. Very, very light (able to sing) | 7. Somewhat difficult                  |
| 3. Very light                      | 8. Difficult (huffing and puffing)     |
| 4. Light (able to breathe easily)  | 9. Extremely difficult                 |
| 5. Moderately Light                | 10. Very, very difficult (breathless)  |

NMCP Wellness Department

**Food and Exercise Log**

NAME:		DATE:	CALORIE GOAL:
% BF:	WT:	Goal Wt:	BMI:

Meal	Food Eaten	Amount	Calories	Food Guide Pyramid			Exercise		
				Type	Goal	Servings			
Breakfast  Time: _____				Fats		○ ○ ○	Cardiovascular:  Duration:  Intensity/RPE:		
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Meats		○ ○ ○	Strength: Exercise    wt /rep		
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Lunch  Time: _____				Dairy		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Fruits		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Dinner  Time: _____				Vegetables		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Grains		○ ○ ○ ○			
						○ ○ ○ ○			
						○ ○ ○ ○			
						○ ○ ○ ○			
Snack Time: _____				Other		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
		<b>Total</b>							

Water Consumption: Mark each box as you drink 1 glass of water (8 oz)

\*Rate of Perceived Exertion Scale (RPE)

- |                                    |                                        |
|------------------------------------|----------------------------------------|
| 1. Nothing at all                  | 6. Moderate (able to talk comfortably) |
| 2. Very, very light (able to sing) | 7. Somewhat difficult                  |
| 3. Very light                      | 8. Difficult (huffing and puffing)     |
| 4. Light (able to breathe easily)  | 9. Extremely difficult                 |
| 5. Moderately Light                | 10. Very, very difficult (breathless)  |

NMCP Wellness Department

**Food and Exercise Log**

NAME:		DATE:	CALORIE GOAL:
% BF:	WT:	Goal Wt:	BMI:

Meal	Food Eaten	Amount	Calories	Food Guide Pyramid			Exercise		
				Type	Goal	Servings			
Breakfast  Time: _____				Fats		○ ○ ○	Cardiovascular:  Duration:  Intensity/RPE:		
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Meats		○ ○ ○	Strength: Exercise      wt /rep		
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Lunch  Time: _____				Dairy		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Fruits		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Dinner  Time: _____				Vegetables		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Grains		○ ○ ○ ○			
						○ ○ ○ ○			
						○ ○ ○ ○			
						○ ○ ○ ○			
Snack Time: _____				Other		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
		<b>Total</b>							

Water Consumption: Mark each box as you drink 1 glass of water (8 oz)

\*Rate of Perceived Exertion Scale (RPE)

- |                                    |                                        |
|------------------------------------|----------------------------------------|
| 1. Nothing at all                  | 6. Moderate (able to talk comfortably) |
| 2. Very, very light (able to sing) | 7. Somewhat difficult                  |
| 3. Very light                      | 8. Difficult (huffing and puffing)     |
| 4. Light (able to breathe easily)  | 9. Extremely difficult                 |
| 5. Moderately Light                | 10. Very, very difficult (breathless)  |

NMCP Wellness Department

**Food and Exercise Log**

NAME:		DATE:	CALORIE GOAL:
% BF:	WT:	Goal Wt:	BMI:

Meal	Food Eaten	Amount	Calories	Food Guide Pyramid			Exercise		
				Type	Goal	Servings			
Breakfast  Time: _____				Fats		○ ○ ○	Cardiovascular:  Duration:  Intensity/RPE:		
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Meats		○ ○ ○	Strength: Exercise      wt /rep		
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Lunch  Time: _____				Dairy		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Fruits		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Dinner  Time: _____				Vegetables		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Grains		○ ○ ○ ○			
						○ ○ ○ ○			
						○ ○ ○ ○			
						○ ○ ○ ○			
Snack Time: _____				Other		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
		<b>Total</b>				○ ○ ○			

Water Consumption: Mark each box as you drink 1 glass of water (8 oz)

\*Rate of Perceived Exertion Scale (RPE)

- |                                    |                                        |
|------------------------------------|----------------------------------------|
| 1. Nothing at all                  | 6. Moderate (able to talk comfortably) |
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| 4. Light (able to breathe easily)  | 9. Extremely difficult                 |
| 5. Moderately Light                | 10. Very, very difficult (breathless)  |

NMCP Wellness Department

**Food and Exercise Log**

NAME:		DATE:	CALORIE GOAL:
% BF:	WT:	Goal Wt:	BMI:

Meal	Food Eaten	Amount	Calories	Food Guide Pyramid			Exercise		
				Type	Goal	Servings			
Breakfast  Time: _____				Fats		○ ○ ○	Cardiovascular:  Duration:  Intensity/RPE:		
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Meats		○ ○ ○	Strength: Exercise    wt /rep		
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Lunch  Time: _____				Dairy		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Fruits		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Dinner  Time: _____				Vegetables		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Grains		○ ○ ○ ○			
						○ ○ ○ ○			
						○ ○ ○ ○			
						○ ○ ○ ○			
Snack Time: _____				Other		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
		<b>Total</b>							

Water Consumption: Mark each box as you drink 1 glass of water (8 oz)

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- |                                    |                                        |
|------------------------------------|----------------------------------------|
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| 2. Very, very light (able to sing) | 7. Somewhat difficult                  |
| 3. Very light                      | 8. Difficult (huffing and puffing)     |
| 4. Light (able to breathe easily)  | 9. Extremely difficult                 |
| 5. Moderately Light                | 10. Very, very difficult (breathless)  |

NMCP Wellness Department

**Food and Exercise Log**

NAME:		DATE:	CALORIE GOAL:
% BF:	WT:	Goal Wt:	BMI:

Meal	Food Eaten	Amount	Calories	Food Guide Pyramid			Exercise		
				Type	Goal	Servings			
Breakfast  Time: _____				Fats		○ ○ ○	Cardiovascular:		
						○ ○ ○			
						○ ○ ○	Duration:		
						○ ○ ○			
Snack Time: _____				Meats		○ ○ ○	Intensity/RPE:		
						○ ○ ○			
						○ ○ ○	Strength: Exercise      wt /rep		
						○ ○ ○			
Lunch  Time: _____				Dairy		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Fruits		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Dinner  Time: _____				Vegetables		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Grains		○ ○ ○ ○			
						○ ○ ○ ○			
						○ ○ ○ ○			
						○ ○ ○ ○			
Snack Time: _____				Other		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
		<b>Total</b>				○ ○ ○			

Water Consumption: Mark each box as you drink 1 glass of water (8 oz)

\*Rate of Perceived Exertion Scale (RPE)

- |                                    |                                        |
|------------------------------------|----------------------------------------|
| 1. Nothing at all                  | 6. Moderate (able to talk comfortably) |
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| 4. Light (able to breathe easily)  | 9. Extremely difficult                 |
| 5. Moderately Light                | 10. Very, very difficult (breathless)  |

# WEEK 2

My goal this week is to:

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NMCP Wellness Department

**Food and Exercise Log**

NAME:		DATE:	CALORIE GOAL:
% BF:	WT:	Goal Wt:	BMI:

Meal	Food Eaten	Amount	Calories	Food Guide Pyramid			Exercise		
				Type	Goal	Servings			
Breakfast  Time: _____				Fats		○ ○ ○	Cardiovascular:  Duration:  Intensity/RPE:		
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Meats		○ ○ ○	Strength: Exercise    wt /rep		
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Lunch  Time: _____				Dairy		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Fruits		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Dinner  Time: _____				Vegetables		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Grains		○ ○ ○ ○			
						○ ○ ○ ○			
						○ ○ ○ ○			
						○ ○ ○ ○			
Snack Time: _____				Other		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
		<b>Total</b>							

Water Consumption: Mark each box as you drink 1 glass of water (8 oz)

\*Rate of Perceived Exertion Scale (RPE)

- |                                    |                                        |
|------------------------------------|----------------------------------------|
| 1. Nothing at all                  | 6. Moderate (able to talk comfortably) |
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NMCP Wellness Department

**Food and Exercise Log**

NAME:		DATE:	CALORIE GOAL:
% BF:	WT:	Goal Wt:	BMI:

Meal	Food Eaten	Amount	Calories	Food Guide Pyramid			Exercise		
				Type	Goal	Servings			
Breakfast  Time: _____				Fats		○ ○ ○	Cardiovascular:		
						○ ○ ○			
						○ ○ ○	Duration:		
						○ ○ ○			
Snack Time: _____				Meats		○ ○ ○	Intensity/RPE:		
						○ ○ ○			
						○ ○ ○	Strength: Exercise      wt /rep		
						○ ○ ○			
Lunch  Time: _____				Dairy		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Fruits		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Dinner  Time: _____				Vegetables		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Grains		○ ○ ○ ○			
						○ ○ ○ ○			
						○ ○ ○ ○			
						○ ○ ○ ○			
Snack Time: _____				Other		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
		<b>Total</b>							

Water Consumption: Mark each box as you drink 1 glass of water (8 oz)

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- |                                    |                                        |
|------------------------------------|----------------------------------------|
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NMCP Wellness Department

**Food and Exercise Log**

NAME:		DATE:	CALORIE GOAL:
% BF:	WT:	Goal Wt:	BMI:

Meal	Food Eaten	Amount	Calories	Food Guide Pyramid			Exercise		
				Type	Goal	Servings			
Breakfast  Time: _____				Fats		○ ○ ○	Cardiovascular:  Duration:  Intensity/RPE:		
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Meats		○ ○ ○	Strength: Exercise    wt /rep		
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Lunch  Time: _____				Dairy		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Fruits		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Dinner  Time: _____				Vegetables		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Grains		○ ○ ○ ○			
						○ ○ ○ ○			
						○ ○ ○ ○			
						○ ○ ○ ○			
Snack Time: _____				Other		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
		<b>Total</b>							

Water Consumption: Mark each box as you drink 1 glass of water (8 oz)

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- |                                    |                                        |
|------------------------------------|----------------------------------------|
| 1. Nothing at all                  | 6. Moderate (able to talk comfortably) |
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NMCP Wellness Department

**Food and Exercise Log**

NAME:		DATE:	CALORIE GOAL:
% BF:	WT:	Goal Wt:	BMI:

Meal	Food Eaten	Amount	Calories	Food Guide Pyramid			Exercise		
				Type	Goal	Servings			
Breakfast  Time: _____				Fats		○ ○ ○	Cardiovascular:  Duration:  Intensity/RPE:		
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Meats		○ ○ ○	Strength: Exercise    wt /rep		
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Lunch  Time: _____				Dairy		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Fruits		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Dinner  Time: _____				Vegetables		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Grains		○ ○ ○ ○			
						○ ○ ○ ○			
						○ ○ ○ ○			
						○ ○ ○ ○			
Snack Time: _____				Other		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
		<b>Total</b>							

Water Consumption: Mark each box as you drink 1 glass of water (8 oz)

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NMCP Wellness Department

**Food and Exercise Log**

NAME:		DATE:	CALORIE GOAL:
% BF:	WT:	Goal Wt:	BMI:

Meal	Food Eaten	Amount	Calories	Food Guide Pyramid			Exercise		
				Type	Goal	Servings			
Breakfast  Time: _____				Fats		○ ○ ○	Cardiovascular:		
						○ ○ ○			
						○ ○ ○	Duration:		
Snack Time: _____				Meats		○ ○ ○	Intensity/RPE:		
						○ ○ ○			
						○ ○ ○	Strength: Exercise    wt /rep		
Lunch  Time: _____				Dairy		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Fruits		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Dinner  Time: _____				Vegetables		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Grains		○ ○ ○ ○			
						○ ○ ○ ○			
						○ ○ ○ ○			
Snack Time: _____				Other		○ ○ ○			
						○ ○ ○			
		<b>Total</b>							

Water Consumption: Mark each box as you drink 1 glass of water (8 oz)

\*Rate of Perceived Exertion Scale (RPE)

- |                                   |                                        |
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NMCP Wellness Department

**Food and Exercise Log**

NAME:		DATE:	CALORIE GOAL:
% BF:	WT:	Goal Wt:	BMI:

Meal	Food Eaten	Amount	Calories	Food Guide Pyramid			Exercise		
				Type	Goal	Servings			
Breakfast  Time: _____				Fats		○ ○ ○	Cardiovascular:		
						○ ○ ○			
						○ ○ ○	Duration:		
Snack Time: _____				Meats		○ ○ ○	Intensity/RPE:		
						○ ○ ○			
						○ ○ ○	Strength: Exercise    wt /rep		
Lunch  Time: _____				Dairy		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Fruits		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Dinner  Time: _____				Vegetables		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Grains		○ ○ ○ ○			
						○ ○ ○ ○			
						○ ○ ○ ○			
Snack Time: _____				Other		○ ○ ○			
						○ ○ ○			
		<b>Total</b>							

Water Consumption: Mark each box as you drink 1 glass of water (8 oz)

\*Rate of Perceived Exertion Scale (RPE)

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|------------------------------------|----------------------------------------|
| 1. Nothing at all                  | 6. Moderate (able to talk comfortably) |
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NMCP Wellness Department

**Food and Exercise Log**

NAME:		DATE:	CALORIE GOAL:
% BF:	WT:	Goal Wt:	BMI:

Meal	Food Eaten	Amount	Calories	Food Guide Pyramid			Exercise		
				Type	Goal	Servings			
Breakfast  Time: _____				Fats		○ ○ ○	Cardiovascular:  Duration:  Intensity/RPE:		
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Meats		○ ○ ○	Strength: Exercise    wt /rep		
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Lunch  Time: _____				Dairy		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Fruits		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Dinner  Time: _____				Vegetables		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Grains		○ ○ ○ ○			
						○ ○ ○ ○			
						○ ○ ○ ○			
						○ ○ ○ ○			
Snack Time: _____				Other		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
		<b>Total</b>							

Water Consumption: Mark each box as you drink 1 glass of water (8 oz)

\*Rate of Perceived Exertion Scale (RPE)

- |                                    |                                        |
|------------------------------------|----------------------------------------|
| 1. Nothing at all                  | 6. Moderate (able to talk comfortably) |
| 2. Very, very light (able to sing) | 7. Somewhat difficult                  |
| 3. Very light                      | 8. Difficult (huffing and puffing)     |
| 4. Light (able to breathe easily)  | 9. Extremely difficult                 |
| 5. Moderately Light                | 10. Very, very difficult (breathless)  |

# WEEK 3

My goal this week is to:

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NMCP Wellness Department

**Food and Exercise Log**

NAME:		DATE:	CALORIE GOAL:
% BF:	WT:	Goal Wt:	BMI:

Meal	Food Eaten	Amount	Calories	Food Guide Pyramid			Exercise		
				Type	Goal	Servings			
Breakfast  Time: _____				Fats		○ ○ ○	Cardiovascular:		
						○ ○ ○			
						○ ○ ○	Duration:		
Snack Time: _____				Meats		○ ○ ○	Intensity/RPE:		
						○ ○ ○			
						○ ○ ○	Strength: Exercise    wt /rep		
Lunch  Time: _____				Dairy		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Fruits		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Dinner  Time: _____				Vegetables		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Grains		○ ○ ○ ○			
						○ ○ ○ ○			
						○ ○ ○ ○			
Snack Time: _____				Other		○ ○ ○			
						○ ○ ○			
	<b>Total</b>						○ ○ ○		

Water Consumption: Mark each box as you drink 1 glass of water (8 oz)

\*Rate of Perceived Exertion Scale (RPE)

- |                                    |                                        |
|------------------------------------|----------------------------------------|
| 1. Nothing at all                  | 6. Moderate (able to talk comfortably) |
| 2. Very, very light (able to sing) | 7. Somewhat difficult                  |
| 3. Very light                      | 8. Difficult (huffing and puffing)     |
| 4. Light (able to breathe easily)  | 9. Extremely difficult                 |
| 5. Moderately Light                | 10. Very, very difficult (breathless)  |

NMCP Wellness Department

**Food and Exercise Log**

NAME:		DATE:	CALORIE GOAL:
% BF:	WT:	Goal Wt:	BMI:

Meal	Food Eaten	Amount	Calories	Food Guide Pyramid			Exercise		
				Type	Goal	Servings			
Breakfast  Time: _____				Fats		○ ○ ○	Cardiovascular:		
						○ ○ ○			
						○ ○ ○	Duration:		
Snack Time: _____				Meats		○ ○ ○	Intensity/RPE:		
						○ ○ ○			
						○ ○ ○	Strength: Exercise    wt /rep		
Lunch  Time: _____				Dairy		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Fruits		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Dinner  Time: _____				Vegetables		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Grains		○ ○ ○ ○			
						○ ○ ○ ○			
						○ ○ ○ ○			
Snack Time: _____				Other		○ ○ ○			
						○ ○ ○			
		<b>Total</b>							

Water Consumption: Mark each box as you drink 1 glass of water (8 oz)

\*Rate of Perceived Exertion Scale (RPE)

- |                                    |                                        |
|------------------------------------|----------------------------------------|
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NMCP Wellness Department

**Food and Exercise Log**

NAME:	DATE:	CALORIE GOAL:
% BF:	WT:	Goal Wt: BMI:

Meal	Food Eaten	Amount	Calories	Food Guide Pyramid			Exercise		
				Type	Goal	Servings			
Breakfast  Time: _____				Fats		○ ○ ○	Cardiovascular:		
						○ ○ ○			
						○ ○ ○	Duration:		
						○ ○ ○			
Snack Time: _____				Meats		○ ○ ○	Intensity/RPE:		
						○ ○ ○			
						○ ○ ○	Strength: Exercise    wt /rep		
						○ ○ ○			
Lunch  Time: _____				Dairy		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Fruits		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Dinner  Time: _____				Vegetables		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Grains		○ ○ ○ ○			
						○ ○ ○ ○			
						○ ○ ○ ○			
						○ ○ ○ ○			
Snack Time: _____				Other		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
		<b>Total</b>							

Water Consumption: Mark each box as you drink 1 glass of water (8 oz)

\*Rate of Perceived Exertion Scale (RPE)

- |                                    |                                        |
|------------------------------------|----------------------------------------|
| 1. Nothing at all                  | 6. Moderate (able to talk comfortably) |
| 2. Very, very light (able to sing) | 7. Somewhat difficult                  |
| 3. Very light                      | 8. Difficult (huffing and puffing)     |
| 4. Light (able to breathe easily)  | 9. Extremely difficult                 |
| 5. Moderately Light                | 10. Very, very difficult (breathless)  |

NMCP Wellness Department

**Food and Exercise Log**

NAME:		DATE:	CALORIE GOAL:
% BF:	WT:	Goal Wt:	BMI:

Meal	Food Eaten	Amount	Calories	Food Guide Pyramid			Exercise		
				Type	Goal	Servings			
Breakfast  Time: _____				Fats		○ ○ ○	Cardiovascular:  Duration:  Intensity/RPE:		
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Meats		○ ○ ○	Strength: Exercise    wt /rep		
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Lunch  Time: _____				Dairy		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Fruits		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Dinner  Time: _____				Vegetables		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Grains		○ ○ ○ ○			
						○ ○ ○ ○			
						○ ○ ○ ○			
						○ ○ ○ ○			
Snack Time: _____				Other		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
		<b>Total</b>							

Water Consumption: Mark each box as you drink 1 glass of water (8 oz)

\*Rate of Perceived Exertion Scale (RPE)

- |                                    |                                        |
|------------------------------------|----------------------------------------|
| 1. Nothing at all                  | 6. Moderate (able to talk comfortably) |
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NMCP Wellness Department

**Food and Exercise Log**

NAME:		DATE:	CALORIE GOAL:
% BF:	WT:	Goal Wt:	BMI:

Meal	Food Eaten	Amount	Calories	Food Guide Pyramid			Exercise		
				Type	Goal	Servings			
Breakfast  Time: _____				Fats		○ ○ ○	Cardiovascular:  Duration:  Intensity/RPE:		
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Meats		○ ○ ○	Strength: Exercise    wt /rep		
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Lunch  Time: _____				Dairy		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Fruits		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Dinner  Time: _____				Vegetables		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Grains		○ ○ ○ ○			
						○ ○ ○ ○			
						○ ○ ○ ○			
						○ ○ ○ ○			
Snack Time: _____				Other		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
		<b>Total</b>							

Water Consumption: Mark each box as you drink 1 glass of water (8 oz)

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- |                                    |                                        |
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NMCP Wellness Department

**Food and Exercise Log**

NAME:		DATE:	CALORIE GOAL:
% BF:	WT:	Goal Wt:	BMI:

Meal	Food Eaten	Amount	Calories	Food Guide Pyramid			Exercise		
				Type	Goal	Servings			
Breakfast  Time: _____				Fats		○ ○ ○	Cardiovascular:		
						○ ○ ○			
						○ ○ ○	Duration:		
Snack Time: _____				Meats		○ ○ ○	Intensity/RPE:		
						○ ○ ○			
						○ ○ ○	Strength: Exercise      wt /rep		
Lunch  Time: _____				Dairy		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Fruits		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Dinner  Time: _____				Vegetables		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Grains		○ ○ ○ ○			
						○ ○ ○ ○			
						○ ○ ○ ○			
Snack Time: _____				Other		○ ○ ○			
						○ ○ ○			
		<b>Total</b>							

Water Consumption: Mark each box as you drink 1 glass of water (8 oz)

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- |                                    |                                        |
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NMCP Wellness Department

**Food and Exercise Log**

NAME:		DATE:	CALORIE GOAL:
% BF:	WT:	Goal Wt:	BMI:

Meal	Food Eaten	Amount	Calories	Food Guide Pyramid			Exercise		
				Type	Goal	Servings			
Breakfast  Time: _____				Fats		○ ○ ○	Cardiovascular:  Duration:  Intensity/RPE:		
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Meats		○ ○ ○	Strength: Exercise    wt /rep		
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Lunch  Time: _____				Dairy		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Fruits		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Dinner  Time: _____				Vegetables		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Grains		○ ○ ○ ○			
						○ ○ ○ ○			
						○ ○ ○ ○			
						○ ○ ○ ○			
Snack Time: _____				Other		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
		<b>Total</b>							

Water Consumption: Mark each box as you drink 1 glass of water (8 oz)

\*Rate of Perceived Exertion Scale (RPE)

- |                                    |                                        |
|------------------------------------|----------------------------------------|
| 1. Nothing at all                  | 6. Moderate (able to talk comfortably) |
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| 3. Very light                      | 8. Difficult (huffing and puffing)     |
| 4. Light (able to breathe easily)  | 9. Extremely difficult                 |
| 5. Moderately Light                | 10. Very, very difficult (breathless)  |

# WEEK 4

My goal this week is to:

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NMCP Wellness Department

**Food and Exercise Log**

NAME:		DATE:	CALORIE GOAL:
% BF:	WT:	Goal Wt:	BMI:

Meal	Food Eaten	Amount	Calories	Food Guide Pyramid			Exercise		
				Type	Goal	Servings			
Breakfast  Time: _____				Fats		○ ○ ○	Cardiovascular:		
						○ ○ ○			
						○ ○ ○	Duration:		
Snack Time: _____				Meats		○ ○ ○	Intensity/RPE:		
						○ ○ ○			
						○ ○ ○	Strength: Exercise    wt /rep		
Lunch  Time: _____				Dairy		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Fruits		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Dinner  Time: _____				Vegetables		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Grains		○ ○ ○ ○			
						○ ○ ○ ○			
						○ ○ ○ ○			
Snack Time: _____				Other		○ ○ ○			
						○ ○ ○			
		<b>Total</b>							

Water Consumption: Mark each box as you drink 1 glass of water (8 oz)

\*Rate of Perceived Exertion Scale (RPE)

- |                                    |                                        |
|------------------------------------|----------------------------------------|
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NMCP Wellness Department

**Food and Exercise Log**

NAME:		DATE:	CALORIE GOAL:
% BF:	WT:	Goal Wt:	BMI:

Meal	Food Eaten	Amount	Calories	Food Guide Pyramid			Exercise		
				Type	Goal	Servings			
Breakfast  Time: _____				Fats		○ ○ ○	Cardiovascular:		
						○ ○ ○			
						○ ○ ○	Duration:		
						○ ○ ○			
Snack Time: _____				Meats		○ ○ ○	Intensity/RPE:		
						○ ○ ○			
						○ ○ ○	Strength: Exercise      wt /rep		
						○ ○ ○			
Lunch  Time: _____				Dairy		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Fruits		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Dinner  Time: _____				Vegetables		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Grains		○ ○ ○ ○			
						○ ○ ○ ○			
						○ ○ ○ ○			
						○ ○ ○ ○			
Snack Time: _____				Other		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
		<b>Total</b>							

Water Consumption: Mark each box as you drink 1 glass of water (8 oz)

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- |                                    |                                        |
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NMCP Wellness Department

**Food and Exercise Log**

NAME:		DATE:	CALORIE GOAL:
% BF:	WT:	Goal Wt:	BMI:

Meal	Food Eaten	Amount	Calories	Food Guide Pyramid			Exercise		
				Type	Goal	Servings			
Breakfast  Time: _____				Fats		○ ○ ○	Cardiovascular:		
						○ ○ ○			
						○ ○ ○	Duration:		
Snack Time: _____				Meats		○ ○ ○	Intensity/RPE:		
						○ ○ ○			
						○ ○ ○	Strength: Exercise    wt /rep		
Lunch  Time: _____				Dairy		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Fruits		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Dinner  Time: _____				Vegetables		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Grains		○ ○ ○ ○			
						○ ○ ○ ○			
						○ ○ ○ ○			
Snack Time: _____				Other		○ ○ ○			
						○ ○ ○			
		<b>Total</b>							

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NMCP Wellness Department

**Food and Exercise Log**

NAME:		DATE:	CALORIE GOAL:
% BF:	WT:	Goal Wt:	BMI:

Meal	Food Eaten	Amount	Calories	Food Guide Pyramid			Exercise		
				Type	Goal	Servings			
Breakfast  Time: _____				Fats		○ ○ ○	Cardiovascular:		
						○ ○ ○			
						○ ○ ○	Duration:		
Snack Time: _____				Meats		○ ○ ○	Intensity/RPE:		
						○ ○ ○			
						○ ○ ○	Strength: Exercise    wt /rep		
Lunch  Time: _____				Dairy		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Fruits		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Dinner  Time: _____				Vegetables		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Grains		○ ○ ○ ○			
						○ ○ ○ ○			
						○ ○ ○ ○			
Snack Time: _____				Other		○ ○ ○			
						○ ○ ○			
		<b>Total</b>							

Water Consumption: Mark each box as you drink 1 glass of water (8 oz)

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- |                                    |                                        |
|------------------------------------|----------------------------------------|
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NMCP Wellness Department

**Food and Exercise Log**

NAME:		DATE:	CALORIE GOAL:
% BF:	WT:	Goal Wt:	BMI:

Meal	Food Eaten	Amount	Calories	Food Guide Pyramid			Exercise		
				Type	Goal	Servings			
Breakfast  Time: _____				Fats		○ ○ ○	Cardiovascular:		
						○ ○ ○			
						○ ○ ○	Duration:		
						○ ○ ○			
Snack Time: _____				Meats		○ ○ ○	Intensity/RPE:		
						○ ○ ○			
						○ ○ ○	Strength: Exercise      wt /rep		
						○ ○ ○			
Lunch  Time: _____				Dairy		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Fruits		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Dinner  Time: _____				Vegetables		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Grains		○ ○ ○ ○			
						○ ○ ○ ○			
						○ ○ ○ ○			
						○ ○ ○ ○			
Snack Time: _____				Other		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
		<b>Total</b>							

Water Consumption: Mark each box as you drink 1 glass of water (8 oz)

\*Rate of Perceived Exertion Scale (RPE)

- |                                    |                                        |
|------------------------------------|----------------------------------------|
| 1. Nothing at all                  | 6. Moderate (able to talk comfortably) |
| 2. Very, very light (able to sing) | 7. Somewhat difficult                  |
| 3. Very light                      | 8. Difficult (huffing and puffing)     |
| 4. Light (able to breathe easily)  | 9. Extremely difficult                 |
| 5. Moderately Light                | 10. Very, very difficult (breathless)  |

NMCP Wellness Department

**Food and Exercise Log**

NAME:		DATE:	CALORIE GOAL:
% BF:	WT:	Goal Wt:	BMI:

Meal	Food Eaten	Amount	Calories	Food Guide Pyramid			Exercise		
				Type	Goal	Servings			
Breakfast  Time: _____				Fats		○ ○ ○	Cardiovascular:  Duration:  Intensity/RPE:		
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Meats		○ ○ ○	Strength: Exercise      wt /rep		
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Lunch  Time: _____				Dairy		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Fruits		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Dinner  Time: _____				Vegetables		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Grains		○ ○ ○ ○			
						○ ○ ○ ○			
						○ ○ ○ ○			
						○ ○ ○ ○			
Snack Time: _____				Other		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
		<b>Total</b>							

Water Consumption: Mark each box as you drink 1 glass of water (8 oz)

\*Rate of Perceived Exertion Scale (RPE)

- |                                    |                                        |
|------------------------------------|----------------------------------------|
| 1. Nothing at all                  | 6. Moderate (able to talk comfortably) |
| 2. Very, very light (able to sing) | 7. Somewhat difficult                  |
| 3. Very light                      | 8. Difficult (huffing and puffing)     |
| 4. Light (able to breathe easily)  | 9. Extremely difficult                 |
| 5. Moderately Light                | 10. Very, very difficult (breathless)  |

NMCP Wellness Department

**Food and Exercise Log**

NAME:		DATE:	CALORIE GOAL:
% BF:	WT:	Goal Wt:	BMI:

Meal	Food Eaten	Amount	Calories	Food Guide Pyramid			Exercise		
				Type	Goal	Servings			
Breakfast  Time: _____				Fats		○ ○ ○	Cardiovascular:  Duration:  Intensity/RPE:		
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Meats		○ ○ ○	Strength: Exercise      wt /rep		
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Lunch  Time: _____				Dairy		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Fruits		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Dinner  Time: _____				Vegetables		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Grains		○ ○ ○ ○			
						○ ○ ○ ○			
						○ ○ ○ ○			
						○ ○ ○ ○			
Snack Time: _____				Other		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
		<b>Total</b>							

Water Consumption: Mark each box as you drink 1 glass of water (8 oz)

\*Rate of Perceived Exertion Scale (RPE)

- |                                    |                                        |
|------------------------------------|----------------------------------------|
| 1. Nothing at all                  | 6. Moderate (able to talk comfortably) |
| 2. Very, very light (able to sing) | 7. Somewhat difficult                  |
| 3. Very light                      | 8. Difficult (huffing and puffing)     |
| 4. Light (able to breathe easily)  | 9. Extremely difficult                 |
| 5. Moderately Light                | 10. Very, very difficult (breathless)  |

# WEEK 5

My goal this week is to:

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NMCP Wellness Department

**Food and Exercise Log**

NAME:		DATE:	CALORIE GOAL:
% BF:	WT:	Goal Wt:	BMI:

Meal	Food Eaten	Amount	Calories	Food Guide Pyramid			Exercise		
				Type	Goal	Servings			
Breakfast  Time: _____				Fats		○ ○ ○	Cardiovascular:  Duration:  Intensity/RPE:		
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Meats		○ ○ ○	Strength: Exercise    wt /rep		
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Lunch  Time: _____				Dairy		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Fruits		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Dinner  Time: _____				Vegetables		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Grains		○ ○ ○ ○			
						○ ○ ○ ○			
						○ ○ ○ ○			
						○ ○ ○ ○			
Snack Time: _____				Other		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
		<b>Total</b>							

Water Consumption: Mark each box as you drink 1 glass of water (8 oz)

\*Rate of Perceived Exertion Scale (RPE)

- |                                    |                                        |
|------------------------------------|----------------------------------------|
| 1. Nothing at all                  | 6. Moderate (able to talk comfortably) |
| 2. Very, very light (able to sing) | 7. Somewhat difficult                  |
| 3. Very light                      | 8. Difficult (huffing and puffing)     |
| 4. Light (able to breathe easily)  | 9. Extremely difficult                 |
| 5. Moderately Light                | 10. Very, very difficult (breathless)  |

NMCP Wellness Department

**Food and Exercise Log**

NAME:		DATE:	CALORIE GOAL:
% BF:	WT:	Goal Wt:	BMI:

Meal	Food Eaten	Amount	Calories	Food Guide Pyramid			Exercise		
				Type	Goal	Servings			
Breakfast  Time: _____				Fats		○ ○ ○	Cardiovascular:  Duration:  Intensity/RPE:		
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Meats		○ ○ ○	Strength: Exercise    wt /rep		
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Lunch  Time: _____				Dairy		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Fruits		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Dinner  Time: _____				Vegetables		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Grains		○ ○ ○ ○			
						○ ○ ○ ○			
						○ ○ ○ ○			
						○ ○ ○ ○			
Snack Time: _____				Other		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
		<b>Total</b>							

Water Consumption: Mark each box as you drink 1 glass of water (8 oz)

\*Rate of Perceived Exertion Scale (RPE)

- |                                    |                                        |
|------------------------------------|----------------------------------------|
| 1. Nothing at all                  | 6. Moderate (able to talk comfortably) |
| 2. Very, very light (able to sing) | 7. Somewhat difficult                  |
| 3. Very light                      | 8. Difficult (huffing and puffing)     |
| 4. Light (able to breathe easily)  | 9. Extremely difficult                 |
| 5. Moderately Light                | 10. Very, very difficult (breathless)  |

NMCP Wellness Department

**Food and Exercise Log**

NAME:		DATE:	CALORIE GOAL:
% BF:	WT:	Goal Wt:	BMI:

Meal	Food Eaten	Amount	Calories	Food Guide Pyramid			Exercise		
				Type	Goal	Servings			
Breakfast  Time: _____				Fats		○ ○ ○	Cardiovascular:		
						○ ○ ○			
						○ ○ ○	Duration:		
Snack Time: _____				Meats		○ ○ ○	Intensity/RPE:		
						○ ○ ○			
						○ ○ ○	Strength: Exercise    wt /rep		
Lunch  Time: _____				Dairy		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Fruits		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Dinner  Time: _____				Vegetables		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Grains		○ ○ ○ ○			
						○ ○ ○ ○			
						○ ○ ○ ○			
Snack Time: _____				Other		○ ○ ○			
						○ ○ ○			
	<b>Total</b>						○ ○ ○		

Water Consumption: Mark each box as you drink 1 glass of water (8 oz)

\*Rate of Perceived Exertion Scale (RPE)

- |                                    |                                        |
|------------------------------------|----------------------------------------|
| 1. Nothing at all                  | 6. Moderate (able to talk comfortably) |
| 2. Very, very light (able to sing) | 7. Somewhat difficult                  |
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| 4. Light (able to breathe easily)  | 9. Extremely difficult                 |
| 5. Moderately Light                | 10. Very, very difficult (breathless)  |

NMCP Wellness Department

**Food and Exercise Log**

NAME:		DATE:	CALORIE GOAL:
% BF:	WT:	Goal Wt:	BMI:

Meal	Food Eaten	Amount	Calories	Food Guide Pyramid			Exercise		
				Type	Goal	Servings			
Breakfast  Time: _____				Fats		○ ○ ○	Cardiovascular:		
						○ ○ ○			
						○ ○ ○	Duration:		
Snack Time: _____				Meats		○ ○ ○	Intensity/RPE:		
						○ ○ ○			
						○ ○ ○	Strength: Exercise    wt /rep		
Lunch  Time: _____				Dairy		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Fruits		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Dinner  Time: _____				Vegetables		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Grains		○ ○ ○ ○			
						○ ○ ○ ○			
						○ ○ ○ ○			
Snack Time: _____				Other		○ ○ ○			
						○ ○ ○			
		<b>Total</b>							

Water Consumption: Mark each box as you drink 1 glass of water (8 oz)

\*Rate of Perceived Exertion Scale (RPE)

- |                                    |                                        |
|------------------------------------|----------------------------------------|
| 1. Nothing at all                  | 6. Moderate (able to talk comfortably) |
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| 5. Moderately Light                | 10. Very, very difficult (breathless)  |

NMCP Wellness Department

**Food and Exercise Log**

NAME:		DATE:	CALORIE GOAL:
% BF:	WT:	Goal Wt:	BMI:

Meal	Food Eaten	Amount	Calories	Food Guide Pyramid			Exercise		
				Type	Goal	Servings			
Breakfast  Time: _____				Fats		○ ○ ○	Cardiovascular:  Duration:  Intensity/RPE:		
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Meats		○ ○ ○	Strength: Exercise    wt /rep		
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Lunch  Time: _____				Dairy		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Fruits		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Dinner  Time: _____				Vegetables		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Grains		○ ○ ○ ○			
						○ ○ ○ ○			
						○ ○ ○ ○			
						○ ○ ○ ○			
Snack Time: _____				Other		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
		<b>Total</b>							

Water Consumption: Mark each box as you drink 1 glass of water (8 oz)

\*Rate of Perceived Exertion Scale (RPE)

- |                                    |                                        |
|------------------------------------|----------------------------------------|
| 1. Nothing at all                  | 6. Moderate (able to talk comfortably) |
| 2. Very, very light (able to sing) | 7. Somewhat difficult                  |
| 3. Very light                      | 8. Difficult (huffing and puffing)     |
| 4. Light (able to breathe easily)  | 9. Extremely difficult                 |
| 5. Moderately Light                | 10. Very, very difficult (breathless)  |

NMCP Wellness Department

**Food and Exercise Log**

NAME:		DATE:	CALORIE GOAL:	
% BF:	WT:	Goal Wt:	BMI:	

Meal	Food Eaten	Amount	Calories	Food Guide Pyramid			Exercise		
				Type	Goal	Servings			
Breakfast  Time: _____				Fats		○ ○ ○	Cardiovascular:  Duration:  Intensity/RPE:		
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Meats		○ ○ ○	Strength: Exercise      wt /rep		
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Lunch  Time: _____				Dairy		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Fruits		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Dinner  Time: _____				Vegetables		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Grains		○ ○ ○ ○			
						○ ○ ○ ○			
						○ ○ ○ ○			
						○ ○ ○ ○			
Snack Time: _____				Other		○ ○ ○			
						○ ○ ○			
		<b>Total</b>							

Water Consumption: Mark each box as you drink 1 glass of water (8 oz)

\*Rate of Perceived Exertion Scale (RPE)

- |                                    |                                        |
|------------------------------------|----------------------------------------|
| 1. Nothing at all                  | 6. Moderate (able to talk comfortably) |
| 2. Very, very light (able to sing) | 7. Somewhat difficult                  |
| 3. Very light                      | 8. Difficult (huffing and puffing)     |
| 4. Light (able to breathe easily)  | 9. Extremely difficult                 |
| 5. Moderately Light                | 10. Very, very difficult (breathless)  |

NMCP Wellness Department

**Food and Exercise Log**

NAME:		DATE:	CALORIE GOAL:
% BF:	WT:	Goal Wt:	BMI:

Meal	Food Eaten	Amount	Calories	Food Guide Pyramid			Exercise		
				Type	Goal	Servings			
Breakfast  Time: _____				Fats		○ ○ ○	Cardiovascular:		
						○ ○ ○			
						○ ○ ○	Duration:		
						○ ○ ○			
Snack Time: _____				Meats		○ ○ ○	Intensity/RPE:		
						○ ○ ○			
						○ ○ ○	Strength: Exercise      wt /rep		
						○ ○ ○			
Lunch  Time: _____				Dairy		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Fruits		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Dinner  Time: _____				Vegetables		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Grains		○ ○ ○ ○			
						○ ○ ○ ○			
						○ ○ ○ ○			
						○ ○ ○ ○			
Snack Time: _____				Other		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
		<b>Total</b>							

Water Consumption: Mark each box as you drink 1 glass of water (8 oz)

\*Rate of Perceived Exertion Scale (RPE)

- |                                    |                                        |
|------------------------------------|----------------------------------------|
| 1. Nothing at all                  | 6. Moderate (able to talk comfortably) |
| 2. Very, very light (able to sing) | 7. Somewhat difficult                  |
| 3. Very light                      | 8. Difficult (huffing and puffing)     |
| 4. Light (able to breathe easily)  | 9. Extremely difficult                 |
| 5. Moderately Light                | 10. Very, very difficult (breathless)  |

# WEEK 6

My goal this week is to:

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NMCP Wellness Department

**Food and Exercise Log**

NAME:	DATE:	CALORIE GOAL:
% BF:	WT:	Goal Wt: BMI:

Meal	Food Eaten	Amount	Calories	Food Guide Pyramid			Exercise		
				Type	Goal	Servings			
Breakfast  Time: _____				Fats		○ ○ ○	Cardiovascular:		
						○ ○ ○			
						○ ○ ○	Duration:		
						○ ○ ○			
Snack Time: _____				Meats		○ ○ ○	Intensity/RPE:		
						○ ○ ○			
						○ ○ ○	Strength: Exercise    wt /rep		
						○ ○ ○			
Lunch  Time: _____				Dairy		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Fruits		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Dinner  Time: _____				Vegetables		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Grains		○ ○ ○ ○			
						○ ○ ○ ○			
						○ ○ ○ ○			
						○ ○ ○ ○			
Snack Time: _____				Other		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
		<b>Total</b>							

Water Consumption: Mark each box as you drink 1 glass of water (8 oz)

\*Rate of Perceived Exertion Scale (RPE)

- |                                    |                                        |
|------------------------------------|----------------------------------------|
| 1. Nothing at all                  | 6. Moderate (able to talk comfortably) |
| 2. Very, very light (able to sing) | 7. Somewhat difficult                  |
| 3. Very light                      | 8. Difficult (huffing and puffing)     |
| 4. Light (able to breathe easily)  | 9. Extremely difficult                 |
| 5. Moderately Light                | 10. Very, very difficult (breathless)  |

NMCP Wellness Department

**Food and Exercise Log**

NAME:		DATE:	CALORIE GOAL:
% BF:	WT:	Goal Wt:	BMI:

Meal	Food Eaten	Amount	Calories	Food Guide Pyramid			Exercise		
				Type	Goal	Servings			
Breakfast  Time: _____				Fats		○ ○ ○	Cardiovascular:  Duration:  Intensity/RPE:		
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Meats		○ ○ ○	Strength: Exercise    wt /rep		
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Lunch  Time: _____				Dairy		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Fruits		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Dinner  Time: _____				Vegetables		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Grains		○ ○ ○ ○			
						○ ○ ○ ○			
						○ ○ ○ ○			
						○ ○ ○ ○			
Snack Time: _____				Other		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
		<b>Total</b>							

Water Consumption: Mark each box as you drink 1 glass of water (8 oz)

\*Rate of Perceived Exertion Scale (RPE)

- |                                    |                                        |
|------------------------------------|----------------------------------------|
| 1. Nothing at all                  | 6. Moderate (able to talk comfortably) |
| 2. Very, very light (able to sing) | 7. Somewhat difficult                  |
| 3. Very light                      | 8. Difficult (huffing and puffing)     |
| 4. Light (able to breathe easily)  | 9. Extremely difficult                 |
| 5. Moderately Light                | 10. Very, very difficult (breathless)  |

NMCP Wellness Department

**Food and Exercise Log**

NAME:		DATE:	CALORIE GOAL:
% BF:	WT:	Goal Wt:	BMI:

Meal	Food Eaten	Amount	Calories	Food Guide Pyramid			Exercise		
				Type	Goal	Servings			
Breakfast  Time: _____				Fats		○ ○ ○	Cardiovascular:  Duration:  Intensity/RPE:		
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Meats		○ ○ ○	Strength: Exercise    wt /rep		
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Lunch  Time: _____				Dairy		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Fruits		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Dinner  Time: _____				Vegetables		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Grains		○ ○ ○ ○			
						○ ○ ○ ○			
						○ ○ ○ ○			
						○ ○ ○ ○			
Snack Time: _____				Other		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
		<b>Total</b>							

Water Consumption: Mark each box as you drink 1 glass of water (8 oz)

\*Rate of Perceived Exertion Scale (RPE)

- |                                    |                                        |
|------------------------------------|----------------------------------------|
| 1. Nothing at all                  | 6. Moderate (able to talk comfortably) |
| 2. Very, very light (able to sing) | 7. Somewhat difficult                  |
| 3. Very light                      | 8. Difficult (huffing and puffing)     |
| 4. Light (able to breathe easily)  | 9. Extremely difficult                 |
| 5. Moderately Light                | 10. Very, very difficult (breathless)  |

NMCP Wellness Department

**Food and Exercise Log**

NAME:		DATE:	CALORIE GOAL:
% BF:	WT:	Goal Wt:	BMI:

Meal	Food Eaten	Amount	Calories	Food Guide Pyramid			Exercise		
				Type	Goal	Servings			
Breakfast  Time: _____				Fats		○ ○ ○	Cardiovascular:		
						○ ○ ○			
						○ ○ ○	Duration:		
Snack Time: _____				Meats		○ ○ ○	Intensity/RPE:		
						○ ○ ○			
						○ ○ ○	Strength: Exercise    wt /rep		
Lunch  Time: _____				Dairy		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Fruits		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Dinner  Time: _____				Vegetables		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Grains		○ ○ ○ ○			
						○ ○ ○ ○			
						○ ○ ○ ○			
Snack Time: _____				Other		○ ○ ○			
						○ ○ ○			
		<b>Total</b>							

Water Consumption: Mark each box as you drink 1 glass of water (8 oz)

\*Rate of Perceived Exertion Scale (RPE)

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|------------------------------------|----------------------------------------|
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| 5. Moderately Light                | 10. Very, very difficult (breathless)  |

NMCP Wellness Department

**Food and Exercise Log**

NAME:		DATE:	CALORIE GOAL:
% BF:	WT:	Goal Wt:	BMI:

Meal	Food Eaten	Amount	Calories	Food Guide Pyramid			Exercise		
				Type	Goal	Servings			
Breakfast  Time: _____				Fats		○ ○ ○	Cardiovascular:		
						○ ○ ○			
						○ ○ ○	Duration:		
						○ ○ ○			
Snack Time: _____				Meats		○ ○ ○	Intensity/RPE:		
						○ ○ ○			
						○ ○ ○	Strength: Exercise    wt /rep		
						○ ○ ○			
Lunch  Time: _____				Dairy		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Fruits		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Dinner  Time: _____				Vegetables		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Grains		○ ○ ○ ○			
						○ ○ ○ ○			
						○ ○ ○ ○			
						○ ○ ○ ○			
Snack Time: _____				Other		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
		<b>Total</b>							

Water Consumption: Mark each box as you drink 1 glass of water (8 oz)

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- |                                    |                                        |
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| 2. Very, very light (able to sing) | 7. Somewhat difficult                  |
| 3. Very light                      | 8. Difficult (huffing and puffing)     |
| 4. Light (able to breathe easily)  | 9. Extremely difficult                 |
| 5. Moderately Light                | 10. Very, very difficult (breathless)  |

NMCP Wellness Department

**Food and Exercise Log**

NAME:		DATE:	CALORIE GOAL:
% BF:	WT:	Goal Wt:	BMI:

Meal	Food Eaten	Amount	Calories	Food Guide Pyramid			Exercise		
				Type	Goal	Servings			
Breakfast  Time: _____				Fats		○ ○ ○	Cardiovascular:  Duration:  Intensity/RPE:		
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Meats		○ ○ ○	Strength: Exercise    wt /rep		
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Lunch  Time: _____				Dairy		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Fruits		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Dinner  Time: _____				Vegetables		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Grains		○ ○ ○ ○			
						○ ○ ○ ○			
						○ ○ ○ ○			
						○ ○ ○ ○			
Snack Time: _____				Other		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
		<b>Total</b>							

Water Consumption: Mark each box as you drink 1 glass of water (8 oz)

\*Rate of Perceived Exertion Scale (RPE)

- |                                    |                                        |
|------------------------------------|----------------------------------------|
| 1. Nothing at all                  | 6. Moderate (able to talk comfortably) |
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| 3. Very light                      | 8. Difficult (huffing and puffing)     |
| 4. Light (able to breathe easily)  | 9. Extremely difficult                 |
| 5. Moderately Light                | 10. Very, very difficult (breathless)  |

NMCP Wellness Department

**Food and Exercise Log**

NAME:		DATE:	CALORIE GOAL:
% BF:	WT:	Goal Wt:	BMI:

Meal	Food Eaten	Amount	Calories	Food Guide Pyramid			Exercise		
				Type	Goal	Servings			
Breakfast  Time: _____				Fats		○ ○ ○	Cardiovascular:  Duration:  Intensity/RPE:		
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Meats		○ ○ ○	Strength: Exercise    wt /rep		
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Lunch  Time: _____				Dairy		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Fruits		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Dinner  Time: _____				Vegetables		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Grains		○ ○ ○ ○			
						○ ○ ○ ○			
						○ ○ ○ ○			
						○ ○ ○ ○			
Snack Time: _____				Other		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
		<b>Total</b>							

Water Consumption: Mark each box as you drink 1 glass of water (8 oz)

\*Rate of Perceived Exertion Scale (RPE)

- |                                    |                                        |
|------------------------------------|----------------------------------------|
| 1. Nothing at all                  | 6. Moderate (able to talk comfortably) |
| 2. Very, very light (able to sing) | 7. Somewhat difficult                  |
| 3. Very light                      | 8. Difficult (huffing and puffing)     |
| 4. Light (able to breathe easily)  | 9. Extremely difficult                 |
| 5. Moderately Light                | 10. Very, very difficult (breathless)  |

# WEEK 7

My goal this week is to:

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NMCP Wellness Department

**Food and Exercise Log**

NAME:		DATE:	CALORIE GOAL:
% BF:	WT:	Goal Wt:	BMI:

Meal	Food Eaten	Amount	Calories	Food Guide Pyramid			Exercise		
				Type	Goal	Servings			
Breakfast  Time: _____				Fats		○ ○ ○	Cardiovascular:		
						○ ○ ○			
						○ ○ ○	Duration:		
Snack Time: _____				Meats		○ ○ ○	Intensity/RPE:		
						○ ○ ○			
						○ ○ ○	Strength: Exercise      wt /rep		
Lunch  Time: _____				Dairy		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Fruits		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Dinner  Time: _____				Vegetables		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Grains		○ ○ ○ ○			
						○ ○ ○ ○			
						○ ○ ○ ○			
Snack Time: _____				Other		○ ○ ○			
						○ ○ ○			
		<b>Total</b>							

Water Consumption: Mark each box as you drink 1 glass of water (8 oz)

\*Rate of Perceived Exertion Scale (RPE)

- |                                    |                                        |
|------------------------------------|----------------------------------------|
| 1. Nothing at all                  | 6. Moderate (able to talk comfortably) |
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NMCP Wellness Department

**Food and Exercise Log**

NAME:	DATE:	CALORIE GOAL:
% BF:	WT:	Goal Wt: BMI:

Meal	Food Eaten	Amount	Calories	Food Guide Pyramid			Exercise		
				Type	Goal	Servings			
Breakfast  Time: _____				Fats		○ ○ ○	Cardiovascular:		
						○ ○ ○			
						○ ○ ○	Duration:		
						○ ○ ○			
Snack Time: _____				Meats		○ ○ ○	Intensity/RPE:		
						○ ○ ○			
						○ ○ ○	Strength: Exercise    wt /rep		
						○ ○ ○			
Lunch  Time: _____				Dairy		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Fruits		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Dinner  Time: _____				Vegetables		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Grains		○ ○ ○ ○			
						○ ○ ○ ○			
						○ ○ ○ ○			
						○ ○ ○ ○			
Snack Time: _____				Other		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
		<b>Total</b>							

Water Consumption: Mark each box as you drink 1 glass of water (8 oz)

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- |                                    |                                        |
|------------------------------------|----------------------------------------|
| 1. Nothing at all                  | 6. Moderate (able to talk comfortably) |
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NMCP Wellness Department

**Food and Exercise Log**

NAME:		DATE:	CALORIE GOAL:
% BF:	WT:	Goal Wt:	BMI:

Meal	Food Eaten	Amount	Calories	Food Guide Pyramid			Exercise		
				Type	Goal	Servings			
Breakfast  Time: _____				Fats		○ ○ ○	Cardiovascular:  Duration:  Intensity/RPE:		
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Meats		○ ○ ○	Strength: Exercise    wt /rep		
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Lunch  Time: _____				Dairy		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Fruits		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Dinner  Time: _____				Vegetables		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Grains		○ ○ ○ ○			
						○ ○ ○ ○			
						○ ○ ○ ○			
						○ ○ ○ ○			
Snack Time: _____				Other		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
		<b>Total</b>							

Water Consumption: Mark each box as you drink 1 glass of water (8 oz)

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- |                                    |                                        |
|------------------------------------|----------------------------------------|
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NMCP Wellness Department

**Food and Exercise Log**

NAME:		DATE:	CALORIE GOAL:
% BF:	WT:	Goal Wt:	BMI:

Meal	Food Eaten	Amount	Calories	Food Guide Pyramid			Exercise		
				Type	Goal	Servings			
Breakfast  Time: _____				Fats		○ ○ ○	Cardiovascular:		
						○ ○ ○			
						○ ○ ○	Duration:		
Snack Time: _____				Meats		○ ○ ○	Intensity/RPE:		
						○ ○ ○			
						○ ○ ○	Strength: Exercise    wt /rep		
Lunch  Time: _____				Dairy		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Fruits		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Dinner  Time: _____				Vegetables		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Grains		○ ○ ○ ○			
						○ ○ ○ ○			
						○ ○ ○ ○			
Snack Time: _____				Other		○ ○ ○			
						○ ○ ○			
		<b>Total</b>							

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NMCP Wellness Department

**Food and Exercise Log**

NAME:		DATE:	CALORIE GOAL:
% BF:	WT:	Goal Wt:	BMI:

Meal	Food Eaten	Amount	Calories	Food Guide Pyramid			Exercise		
				Type	Goal	Servings			
Breakfast  Time: _____				Fats		○ ○ ○	Cardiovascular:		
						○ ○ ○			
						○ ○ ○	Duration:		
Snack Time: _____				Meats		○ ○ ○	Intensity/RPE:		
						○ ○ ○			
						○ ○ ○	Strength: Exercise    wt /rep		
Lunch  Time: _____				Dairy		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Fruits		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Dinner  Time: _____				Vegetables		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Grains		○ ○ ○ ○			
						○ ○ ○ ○			
						○ ○ ○ ○			
Snack Time: _____				Other		○ ○ ○			
						○ ○ ○			
		<b>Total</b>							

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NMCP Wellness Department

**Food and Exercise Log**

NAME:		DATE:	CALORIE GOAL:
% BF:	WT:	Goal Wt:	BMI:

Meal	Food Eaten	Amount	Calories	Food Guide Pyramid			Exercise		
				Type	Goal	Servings			
Breakfast  Time: _____				Fats		○ ○ ○	Cardiovascular:  Duration:  Intensity/RPE:		
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Meats		○ ○ ○	Strength: Exercise    wt /rep		
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Lunch  Time: _____				Dairy		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Fruits		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Dinner  Time: _____				Vegetables		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Grains		○ ○ ○ ○			
						○ ○ ○ ○			
						○ ○ ○ ○			
						○ ○ ○ ○			
Snack Time: _____				Other		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
		<b>Total</b>							

Water Consumption: Mark each box as you drink 1 glass of water (8 oz)

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NMCP Wellness Department

**Food and Exercise Log**

NAME:		DATE:	CALORIE GOAL:
% BF:	WT:	Goal Wt:	BMI:

Meal	Food Eaten	Amount	Calories	Food Guide Pyramid			Exercise		
				Type	Goal	Servings			
Breakfast  Time: _____				Fats		○ ○ ○	Cardiovascular:		
						○ ○ ○			
						○ ○ ○	Duration:		
						○ ○ ○			
Snack Time: _____				Meats		○ ○ ○	Intensity/RPE:		
						○ ○ ○			
						○ ○ ○	Strength: Exercise      wt /rep		
						○ ○ ○			
Lunch  Time: _____				Dairy		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Fruits		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Dinner  Time: _____				Vegetables		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Grains		○ ○ ○ ○			
						○ ○ ○ ○			
						○ ○ ○ ○			
						○ ○ ○ ○			
Snack Time: _____				Other		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
		<b>Total</b>							

Water Consumption: Mark each box as you drink 1 glass of water (8 oz)

\*Rate of Perceived Exertion Scale (RPE)

- |                                    |                                        |
|------------------------------------|----------------------------------------|
| 1. Nothing at all                  | 6. Moderate (able to talk comfortably) |
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| 3. Very light                      | 8. Difficult (huffing and puffing)     |
| 4. Light (able to breathe easily)  | 9. Extremely difficult                 |
| 5. Moderately Light                | 10. Very, very difficult (breathless)  |

# WEEK 8

My goal this week is to:

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NMCP Wellness Department

**Food and Exercise Log**

NAME:		DATE:	CALORIE GOAL:
% BF:	WT:	Goal Wt:	BMI:

Meal	Food Eaten	Amount	Calories	Food Guide Pyramid			Exercise		
				Type	Goal	Servings			
Breakfast  Time: _____				Fats		○ ○ ○	Cardiovascular:		
						○ ○ ○			
						○ ○ ○	Duration:		
Snack Time: _____				Meats		○ ○ ○	Intensity/RPE:		
						○ ○ ○			
						○ ○ ○	Strength: Exercise    wt /rep		
Lunch  Time: _____				Dairy		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Fruits		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Dinner  Time: _____				Vegetables		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Grains		○ ○ ○ ○			
						○ ○ ○ ○			
						○ ○ ○ ○			
Snack Time: _____				Other		○ ○ ○			
						○ ○ ○			
		<b>Total</b>							

Water Consumption: Mark each box as you drink 1 glass of water (8 oz)

\*Rate of Perceived Exertion Scale (RPE)

- |                                    |                                        |
|------------------------------------|----------------------------------------|
| 1. Nothing at all                  | 6. Moderate (able to talk comfortably) |
| 2. Very, very light (able to sing) | 7. Somewhat difficult                  |
| 3. Very light                      | 8. Difficult (huffing and puffing)     |
| 4. Light (able to breathe easily)  | 9. Extremely difficult                 |
| 5. Moderately Light                | 10. Very, very difficult (breathless)  |

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Snack Time: _____				Meats		○ ○ ○	Intensity/RPE:		
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Lunch  Time: _____				Dairy		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Fruits		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Dinner  Time: _____				Vegetables		○ ○ ○			
						○ ○ ○			
						○ ○ ○			
Snack Time: _____				Grains		○ ○ ○ ○			
						○ ○ ○ ○			
						○ ○ ○ ○			
Snack Time: _____				Other		○ ○ ○			
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Lunch  Time: _____				Dairy		○ ○ ○			
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						○ ○ ○			
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						○ ○ ○			
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						○ ○ ○			
						○ ○ ○			
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Snack Time: _____				Grains		○ ○ ○ ○			
						○ ○ ○ ○			
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Snack Time: _____				Other		○ ○ ○			
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REMEMBER FROM DAY 1 OF  
THIS 8-WEEK JOURNEY.

THIS IS NOT A DIET!

THIS MUST BE A LIFESTYLE  
CHANGE.