

Week ending: _____

Day	Breakfast	Lunch	Dinner	Snacks	Water
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

How do you think you did this week?

Could have done better ☐ OK ☐ Good ☐ I did really well ☐

Please write any notes you may have on the back of this sheet.

Bootcamps, personal and group training

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