

Please fill out these forms for each week and bring to classes and other appointments.

If you were asked to log your blood sugars or blood pressures, use this or the forms your provider may have given you for this purpose. Thanks!



New Direction VLCD: Weekly Activities Record

Name: _____ Use an additional page if desired or needed.

Week of: _____

	<i>Example</i>	Sun.	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Total
# of New Direction products consumed	4								
Ounces of water (1 cup =8 oz)	96 oz. or 3 quarts								
Ounces of other drinks	16 oz. diet coke								
Length/Type of physical activity (walking 30 min.)	Walked dog 30 min								
Problems with activity									
Extracurricular activities (shopping...)	Book club with friends								
My mood today (e.g. tired content, lonely)	Energetic happy								
Blood Pressures (if asked to monitor)									
Blood Sugars (if asked to monitor)									

How many times do you plan to exercise aerobically next week? ____ How many minutes? ____