Do not forget to include the following when logging your food:

Portion sizes (i.e. 1 cup, 2 tablespoons) · Method of preparation (i.e. grilled, baked, fried, roasted)

 $\cdot$  Time of day (i.e. 7am, 12pm, 2:30pm)  $\phantom{\cdot}$  Salad dressings and condiments

MINUTES:

NAME:	
COMPANY & LOCATION: _	
DATE: PHONE	#:

Please submit your 4 week food log by fax or email upon completion on/or before November 30.

MEAL	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
BREAKFAST							
LUNCH							
DINNER							
SNACKS							
SUPPLEMENTS	Multi Vitamin:	) Multi Vitamin: ()	Multi Vitamin: 🛛				
	Other:	Other:	Other: O	Other: O	Other:	Other:	Other:
WATER 1 cup or 8oz = 1 box							
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY SI	JNDAY WEEKLY TOTAL
EXERCISE							MINUTES:

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MINUTES:

MINUTES:

Fax: 205·978·3760

MINUTES:

MINUTES:

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MINUTES:

MINUTES:

livesmart@onealind.com

Do not forget to include the following when logging your food:

Portion sizes (i.e. 1 cup, 2 tablespoons) · Method of preparation (i.e. grilled, baked, fried, roasted)

 $\cdot$  Time of day (i.e. 7am, 12pm, 2:30pm)  $\phantom{\cdot}$  Salad dressings and condiments

WEEK 2:	
NAME:	
DATE:	

Please submit your 4 week food log by fax or email upon completion on/or before November 30.

MEAL	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
BREAKFAST							
LUNCH							
DINNER							
SNACKS							
SUPPLEMENTS	Multi Vitamin: O Other: O						
WATER 1 cup or 8oz = 1 box							
	MONDAY	TUESDAY \	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY SU	JNDAY WEEKLY TOTAL

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	TOTAL
EXERCISE	MINUTES:	MINUTES:	MINUTES:	MINUTES:	MINUTES:		MINUTES:	MINUTES:
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Do not forget to include the following when logging your food:

• Portion sizes (i.e. 1 cup, 2 tablespoons) • Method of preparation (i.e. grilled, baked, fried, roasted)

 $\cdot$  Time of day (i.e. 7am, 12pm, 2:30pm)  $\phantom{\cdot}$  Salad dressings and condiments

WEEK 3:
NAME:
DATE:

Please submit your 4 week food log by fax or email upon completion on/or before November 30.

MEAL	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
BREAKFAST							
LUNCH							
DINNER							
SNACKS							
SUPPLEMENTS	Multi Vitamin: 🔵	Multi Vitamin:					
	Other:	Other:	Other:	Other:	Other:	Other:	Other:
WATER 1 cup or 8oz = 1 box							
MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY SUNDAY WEEKLY TOTAL							

		MONDAY	IUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	TOTAL
	EXERCISE	MINUTES:	MINUTES:		MINUTES:		MINUTES:	MINUTES:	MINUTES:
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Do not forget to include the following when logging your food:

• Portion sizes (i.e. 1 cup, 2 tablespoons) • Method of preparation (i.e. grilled, baked, fried, roasted)

• Time of day (i.e. 7am, 12pm, 2:30pm) • Salad dressings and condiments

WEEK 4:
NAME:
DATE:

Please submit your 4 week food log by fax or email upon completion on/or before November 30.

MEAL	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
BREAKFAST							
LUNCH							
DINNER							
SNACKS							
SHACKS		_					
SUPPLEMENTS	Multi Vitamin: C	) Multi Vitamin: ()	Multi Vitamin:				
	Other:	-	Other:	Other:	Other:	Other:	Other:
WATER 1 cup or 8oz = 1 box							
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY S	JNDAY WEEKLY TOTAL
EXERCISE		MINUTES:					MINUTES:

MINUTES:	MINUTES:	MINUTES:	MINUT	ES:	MINUTES:		М
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