

LIVESMART | 360° FOOD LOG

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

NAME: _____ EMPLOYEE SPOUSE

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: <input type="radio"/>	Multi Vitamin: <input type="radio"/>	Multi Vitamin: <input type="radio"/>	Multi Vitamin: <input type="radio"/>	Multi Vitamin: <input type="radio"/>	Multi Vitamin: <input type="radio"/>	Multi Vitamin: <input type="radio"/>
	Other: <input type="radio"/>	Other: <input type="radio"/>	Other: <input type="radio"/>	Other: <input type="radio"/>	Other: <input type="radio"/>	Other: <input type="radio"/>	Other: <input type="radio"/>
WATER 1 cup or 8oz = 1 box	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	WEEKLY TOTAL
EXERCISE	<input type="checkbox"/> MINUTES:	<input type="checkbox"/> MINUTES:	<input type="checkbox"/> MINUTES:	<input type="checkbox"/> MINUTES:	<input type="checkbox"/> MINUTES:	<input type="checkbox"/> MINUTES:	<input type="checkbox"/> MINUTES:	MINUTES:

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WEEK 2:

NAME: _____

DATE: _____

MEAL	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
BREAKFAST							
LUNCH							
DINNER							
SNACKS							
SUPPLEMENTS	Multi Vitamin: <input type="radio"/>	Multi Vitamin: <input type="radio"/>	Multi Vitamin: <input type="radio"/>	Multi Vitamin: <input type="radio"/>	Multi Vitamin: <input type="radio"/>	Multi Vitamin: <input type="radio"/>	Multi Vitamin: <input type="radio"/>
	Other: <input type="radio"/>	Other: <input type="radio"/>	Other: <input type="radio"/>	Other: <input type="radio"/>	Other: <input type="radio"/>	Other: <input type="radio"/>	Other: <input type="radio"/>
WATER 1 cup or 8oz = 1 box	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	WEEKLY TOTAL
EXERCISE	<input type="checkbox"/> MINUTES:	<input type="checkbox"/> MINUTES:	<input type="checkbox"/> MINUTES:	<input type="checkbox"/> MINUTES:	<input type="checkbox"/> MINUTES:	<input type="checkbox"/> MINUTES:	<input type="checkbox"/> MINUTES:	MINUTES:

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WEEK 3:

NAME: _____

DATE: _____

MEAL	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
BREAKFAST							
LUNCH							
DINNER							
SNACKS							
SUPPLEMENTS	Multi Vitamin: <input type="radio"/>	Multi Vitamin: <input type="radio"/>	Multi Vitamin: <input type="radio"/>	Multi Vitamin: <input type="radio"/>	Multi Vitamin: <input type="radio"/>	Multi Vitamin: <input type="radio"/>	Multi Vitamin: <input type="radio"/>
	Other: <input type="radio"/>	Other: <input type="radio"/>	Other: <input type="radio"/>	Other: <input type="radio"/>	Other: <input type="radio"/>	Other: <input type="radio"/>	Other: <input type="radio"/>
WATER <small>1 cup or 8oz = 1 box</small>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	WEEKLY TOTAL
EXERCISE	<input type="checkbox"/> MINUTES:	<input type="checkbox"/> MINUTES:	<input type="checkbox"/> MINUTES:	<input type="checkbox"/> MINUTES:	<input type="checkbox"/> MINUTES:	<input type="checkbox"/> MINUTES:	<input type="checkbox"/> MINUTES:	MINUTES:

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WEEK 4:

NAME: _____

DATE: _____

MEAL	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
BREAKFAST							
LUNCH							
DINNER							
SNACKS							
SUPPLEMENTS	Multi Vitamin: <input type="radio"/>	Multi Vitamin: <input type="radio"/>	Multi Vitamin: <input type="radio"/>	Multi Vitamin: <input type="radio"/>	Multi Vitamin: <input type="radio"/>	Multi Vitamin: <input type="radio"/>	Multi Vitamin: <input type="radio"/>
	Other: <input type="radio"/>	Other: <input type="radio"/>	Other: <input type="radio"/>	Other: <input type="radio"/>	Other: <input type="radio"/>	Other: <input type="radio"/>	Other: <input type="radio"/>
WATER <small>1 cup or 8oz = 1 box</small>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	WEEKLY TOTAL
EXERCISE	<input type="checkbox"/> MINUTES:	<input type="checkbox"/> MINUTES:	<input type="checkbox"/> MINUTES:	<input type="checkbox"/> MINUTES:	<input type="checkbox"/> MINUTES:	<input type="checkbox"/> MINUTES:	<input type="checkbox"/> MINUTES:	MINUTES: