



# **TRAINING DIARY AND NUTRITION LOG**

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**“Success is constancy of Purpose”**

By  
John Lark

## **Training Diary and Nutrition Log<sup>©</sup> John Lark 2008**

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For information contact:

Sphere Fitness Studio

Dun Sion

Maynooth

Co.Kildare

Tel: 00 353 1 5052131

Fax: 00 353 1 6292852

Email: [info@spherefitness.ie](mailto:info@spherefitness.ie)

Website: [www.spherefitnessstudio.com](http://www.spherefitnessstudio.com)

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# WELCOME!

What you are holding now is one of the most powerful tools for getting you closer to the results you are looking for.

With this Training Diary and Nutritional Log you will be able to monitor and record over a set period of time, what foods and training protocols work for YOU! This will be an invaluable tool in the long run.

How to get the most out of your Training Diary and Nutritional Log:

- 1) The more detail you provide, the more use it will serve you – record everything and try not to skimp on the details! If you eat it, right it down. If you drink it right it down. One of the most successful behavioural steps you can make is to take responsibility for your actions. This will help you all the way.
- 2) YOU MUST BRING THIS WITH YOU TO ALL ASSESSMENTS – that way we can monitor, tailor and adjust your routines and habits to fit your lifestyle. But first we need to know what habits you have in the first place!
- 3) Let it motivate you and inspire you to step out of your comfort zone. If you are inactive this will show to you and inspire you to do more. If you are hap-hazard with your nutrition then this will show to YOU where you falling down. Above all else this will 'shed the light rather than pick holes in your lifestyle. Once you are apparent of short-comings then change is much easier!!
- 4) Bring it with you to training and write down any weights and personal bests you may have set during your training session. Success leaves clues. If can do for every athlete on this planet then it can certainly work for you! A 30 seconds recording session at the end will do wonders for your head and also inspire you in seeing progress.

So there you have it. I recommend filling it out after each training session maybe during your time chugging down your post-workout shake. Alternatively, try and fill it out at night.

Better still, fill it out as you go. Sometimes memory recall is not all that accurate!

I hope this serves you well if you have any improvements you would like to see then feel free to let us know

Yours in health

John

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# CHAPTER 1

## WHAT ARE YOUR GOALS

Without a vision you will struggle. Without writing your vision down you will find it nearly impossible to maintain momentum as your train and work at implementing your nutrition plan.

Please perform the following exercises and feel free to use additional room!:

Write down in the space provided where you see yourself in 5 years, 1 year, 6 months and 12 weeks time:

5 Years

1Year

6 Months

12 Weeks

What do you want to achieve within your 12 week time frame? Please be as specific as possible

Now write down when you want to achieve this by (please provide a day, date and time)

Now list all the behaviours that you think are preventing you from getting you there (limiting behaviours):

Now list all the behaviours that you need to implement for you to get you there:



## RECOVERY AND REGENERATION

With our 'uber' paced lifestyles compounded with a chronic exposure to stress it is crucial that you aim to maintain a good balance between working hard and resting hard.

Training is another form of stress. Like sunlight it is a good stress. But too much may do more harm than good. That is why it is important to perform Recovery and Regeneration session.

Ideally the optimum amount of rest and regeneration is 1:1. So for every training session you perform you should perform a 'R and R' session to maximise its effects.

Remember this – you get fit when you recover. If you are always recovering then it is unlikely you will get the most from your training sessions.

Choose from one of the following to constitute a R and R session:

### 1. Take a Walk

A brisk 30-40 minute walk will work wonders to raise your core temperature and bring about blood flow to the areas that you worked hard during your training session

### 2. Epsom Salts Bath

This is best performed at night before you go to bed. Drop 1-2 cups of Epsom Salts in a hot bath and relax. Get ready to slip into a deep sleep!

### 3. Massage

Sphere Fitness do provide qualified massage therapists for you to use at a discounted rate. Enquire within. This is one of the most powerful rest and recovery tools you can utilise. It will improve blood circulation, lymphatic circulation (your waste fluids), removing muscle adhesions and knots, relief from fatigue and remove excessive swelling.

### 4. Yoga

Athletes and the casual city dweller often suffer from oxygen debt due to the poor air quality and the intensity of training. To overcome this deep breathing techniques held common in Yoga are beneficial as are

## 5. Stretching Programme

Stretching is best performed after you have trained when the muscles are warm and ready to be stretched. Better still they should be performed on alternative days to your training. Ask your trainer which stretches are best for you.

## 6. Pool Recovery

Using the pool will enhance your recovery immensely. Ask your trainer for a particular session that you can perform in the pool.

## 7. Sauna

To sweat is to detoxify! Yet saunas and steam baths affect the nervous system and endocrine systems. Lie in one for 8-10 minutes and you will relax muscles and improve local blood circulation.

## 8. Hot and Cold

In combination with a sauna, an athlete can also use a plunge pool or regular pool that is filled with water at room temperature. Russian researchers studied the benefits of alternating hot and cold environments on the human body and found that with the correct alternation there was a raised level of recovery taking place in athletes who used this method. A commonly used protocol is 3 min in the spa/sauna followed by 1 min in the plunge pool.

An alternative to saunas and plunge pools is the regular shower, where good results can be achieved if the athlete alternates hot and cold bursts of water. The best ratio of hot to cold is 60 sec of hot water followed by 30-60sec of cold water as cold as you can stand – (Richards, 2009)

## 9. Compression Garments

Skeletal muscle damage results in considerable loss of muscle performance and the ability to perform exercise. It is possible that compression garments could enhance muscle recovery from exercise induced muscle damage and stress through optimisation of blood flow/reduction of blood pooling and prevention of oedema (Trenell, 2004, Richards, 2009)

## WEEKLY OVERVIEW

<b>Day</b>			
<b>Activity</b>			
<b>Intensity -1-10</b>		<b>Duration</b>	
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<b>Activity</b>			
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## WEEKLY OVERVIEW / BODY COMPOSITION

<b>Date/By</b>			
<b>Weight</b>	<b>Body Fat %</b>	<b>Lean Muscle Mass</b>	<b>Sum of Skinfolds</b>
<b>Date/By</b>			
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**FOOD DIARY TEMPLATE AND MONITORING INFORMATION**

*Answer each question with a "Y" or a "N"*

Bed-time last night		Did you sleep well?		Rising time in the morning		Did you wake refreshed?	
---------------------	--	---------------------	--	----------------------------	--	-------------------------	--

**WHAT DID YOU HAVE FOR BREAKFAST**

Food	Fluids	Supplements/Medication

**WHAT DID YOU HAVE FOR SNACK**

Food	Fluids	Supplements/Medication

**WHAT DID YOU HAVE FOR LUNCH**

Food	Fluids	Supplements/Medication

**WHAT DID YOU HAVE FOR SNACK**

Food	Fluids	Supplements/Medication

**WHAT DID YOU HAVE FOR DINNER**

Food	Fluids	Supplements/Medication

**FOOD DIARY TEMPLATE AND MONITORING INFORMATION**

<b>WHAT DID YOU HAVE FOR SNACK</b>					
Food	Fluids	Supplements/Medication			
<b>HOW WERE YOUR STRESS LEVELS TODAY?</b>			<b>HOW WERE YOUR ENERGY LEVELS TODAY?</b>		
<i>Circle One Face</i>			<i>Circle One Face</i>		
Hydration Score		AM = PH Level		PM = PH Level	
<b>Comments:</b>					

<b>GYM SESSIONS</b>						
EXERCISE	SETS	REPS	TEMPO	REST	OTHER INFO	
<b>1A</b>						
<b>Weight Sequence</b>	1	2	3	4	5	6
	7	8	9	10	11	12
<b>Weight Sequence</b>	1	2	3	4	5	6
	7	8	9	10	11	12
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<b>Weight Sequence</b>	1	2	3	4	5	6
	7	8	9	10	11	12
<b>Performance Rating</b>			<b>Actual Energy</b>			

**FOOD DIARY TEMPLATE AND MONITORING INFORMATION**

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Bed-time last night		Did you sleep well?		Rising time in the morning		Did you wake refreshed?	
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**WHAT DID YOU HAVE FOR SNACK**

Food	Fluids	Supplements/Medication

**WHAT DID YOU HAVE FOR LUNCH**

Food	Fluids	Supplements/Medication



**WHAT DID YOU HAVE FOR SNACK**

Food	Fluids	Supplements/Medication

**WHAT DID YOU HAVE FOR DINNER**

Food	Fluids	Supplements/Medication

**FOOD DIARY TEMPLATE AND MONITORING INFORMATION**

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<i>Circle One Face</i>			<i>Circle One Face</i>		
					
Hydration Score		AM = PH Level		PM = PH Level	
<b>Comments:</b>					

<b>GYM SESSIONS</b>						
<b>EXERCISE</b>	<b>SETS</b>	<b>REPS</b>	<b>TEMPO</b>	<b>REST</b>	<b>OTHER INFO</b>	
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*Answer each question with a "Y" or a "N"*

Bed-time last night		Did you sleep well?		Rising time in the morning		Did you wake refreshed?	
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**WHAT DID YOU HAVE FOR BREAKFAST**

Food	Fluids	Supplements/Medication

**WHAT DID YOU HAVE FOR SNACK**

Food	Fluids	Supplements/Medication

**WHAT DID YOU HAVE FOR LUNCH**

Food	Fluids	Supplements/Medication

**WHAT DID YOU HAVE FOR SNACK**

Food	Fluids	Supplements/Medication

**WHAT DID YOU HAVE FOR DINNER**

Food	Fluids	Supplements/Medication

**FOOD DIARY TEMPLATE AND MONITORING INFORMATION**

<b>WHAT DID YOU HAVE FOR SNACK</b>					
Food	Fluids	Supplements/Medication			
<b>HOW WERE YOUR STRESS LEVELS TODAY?</b>			<b>HOW WERE YOUR ENERGY LEVELS TODAY?</b>		
<i>Circle One Face</i>			<i>Circle One Face</i>		
Hydration Score		AM = PH Level		PM = PH Level	
<b>Comments:</b>					

<b>GYM SESSIONS</b>						
EXERCISE	SETS	REPS	TEMPO	REST	OTHER INFO	
<b>1A</b>						
<b>Weight Sequence</b>	1	2	3	4	5	6
	7	8	9	10	11	12
<b>Weight Sequence</b>	1	2	3	4	5	6
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<b>Weight Sequence</b>	1	2	3	4	5	6
	7	8	9	10	11	12
<b>Performance Rating</b>				<b>Actual Energy</b>		



**FOOD DIARY TEMPLATE AND MONITORING INFORMATION**

*Answer each question with a "Y" or a "N"*

Bed-time last night		Did you sleep well?		Rising time in the morning		Did you wake refreshed?	
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**WHAT DID YOU HAVE FOR BREAKFAST**

Food	Fluids	Supplements/Medication

**WHAT DID YOU HAVE FOR SNACK**

Food	Fluids	Supplements/Medication

**WHAT DID YOU HAVE FOR LUNCH**

Food	Fluids	Supplements/Medication

**WHAT DID YOU HAVE FOR SNACK**

Food	Fluids	Supplements/Medication

**WHAT DID YOU HAVE FOR DINNER**

Food	Fluids	Supplements/Medication

**FOOD DIARY TEMPLATE AND MONITORING INFORMATION**

<b>WHAT DID YOU HAVE FOR SNACK</b>					
Food	Fluids	Supplements/Medication			
<b>HOW WERE YOUR STRESS LEVELS TODAY?</b>			<b>HOW WERE YOUR ENERGY LEVELS TODAY?</b>		
<i>Circle One Face</i>			<i>Circle One Face</i>		
Hydration Score		AM = PH Level		PM = PH Level	
<b>Comments:</b>					

<b>GYM SESSIONS</b>						
EXERCISE	SETS	REPS	TEMPO	REST	OTHER INFO	
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<b>Performance Rating</b>				<b>Actual Energy</b>		

**FOOD DIARY TEMPLATE AND MONITORING INFORMATION**

*Answer each question with a "Y" or a "N"*

Bed-time last night		Did you sleep well?		Rising time in the morning		Did you wake refreshed?	
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Food	Fluids	Supplements/Medication

**WHAT DID YOU HAVE FOR SNACK**

Food	Fluids	Supplements/Medication

**WHAT DID YOU HAVE FOR LUNCH**

Food	Fluids	Supplements/Medication

**WHAT DID YOU HAVE FOR SNACK**

Food	Fluids	Supplements/Medication

**WHAT DID YOU HAVE FOR DINNER**

Food	Fluids	Supplements/Medication

**FOOD DIARY TEMPLATE AND MONITORING INFORMATION**

<b>WHAT DID YOU HAVE FOR SNACK</b>					
Food	Fluids	Supplements/Medication			
<b>HOW WERE YOUR STRESS LEVELS TODAY?</b>			<b>HOW WERE YOUR ENERGY LEVELS TODAY?</b>		
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Hydration Score		AM = PH Level		PM = PH Level	
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<b>GYM SESSIONS</b>						
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<b>Performance Rating</b>				<b>Actual Energy</b>		

**FOOD DIARY TEMPLATE AND MONITORING INFORMATION**

*Answer each question with a "Y" or a "N"*

Bed-time last night		Did you sleep well?		Rising time in the morning		Did you wake refreshed?	
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Food	Fluids	Supplements/Medication

**WHAT DID YOU HAVE FOR LUNCH**

Food	Fluids	Supplements/Medication

**WHAT DID YOU HAVE FOR SNACK**

Food	Fluids	Supplements/Medication

**WHAT DID YOU HAVE FOR DINNER**

Food	Fluids	Supplements/Medication

**FOOD DIARY TEMPLATE AND MONITORING INFORMATION**

<b>WHAT DID YOU HAVE FOR SNACK</b>					
Food	Fluids	Supplements/Medication			
<b>HOW WERE YOUR STRESS LEVELS TODAY?</b>			<b>HOW WERE YOUR ENERGY LEVELS TODAY?</b>		
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<b>Comments:</b>					

<b>GYM SESSIONS</b>						
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<b>Performance Rating</b>				<b>Actual Energy</b>		

**FOOD DIARY TEMPLATE AND MONITORING INFORMATION**

*Answer each question with a "Y" or a "N"*

Bed-time last night		Did you sleep well?		Rising time in the morning		Did you wake refreshed?	
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Food	Fluids	Supplements/Medication

**WHAT DID YOU HAVE FOR LUNCH**

Food	Fluids	Supplements/Medication

**WHAT DID YOU HAVE FOR SNACK**

Food	Fluids	Supplements/Medication

**WHAT DID YOU HAVE FOR DINNER**

Food	Fluids	Supplements/Medication

**FOOD DIARY TEMPLATE AND MONITORING INFORMATION**

<b>WHAT DID YOU HAVE FOR SNACK</b>					
Food	Fluids	Supplements/Medication			
<b>HOW WERE YOUR STRESS LEVELS TODAY?</b>			<b>HOW WERE YOUR ENERGY LEVELS TODAY?</b>		
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Hydration Score		AM = PH Level		PM = PH Level	
<b>Comments:</b>					

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<b>Performance Rating</b>				<b>Actual Energy</b>		



**FOOD DIARY TEMPLATE AND MONITORING INFORMATION**

*Answer each question with a "Y" or a "N"*

Bed-time last night		Did you sleep well?		Rising time in the morning		Did you wake refreshed?	
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**WHAT DID YOU HAVE FOR BREAKFAST**

Food	Fluids	Supplements/Medication

**WHAT DID YOU HAVE FOR SNACK**

Food	Fluids	Supplements/Medication

**WHAT DID YOU HAVE FOR LUNCH**

Food	Fluids	Supplements/Medication

**WHAT DID YOU HAVE FOR SNACK**

Food	Fluids	Supplements/Medication

**WHAT DID YOU HAVE FOR DINNER**

Food	Fluids	Supplements/Medication

**FOOD DIARY TEMPLATE AND MONITORING INFORMATION**

<b>WHAT DID YOU HAVE FOR SNACK</b>					
Food	Fluids	Supplements/Medication			
<b>HOW WERE YOUR STRESS LEVELS TODAY?</b>			<b>HOW WERE YOUR ENERGY LEVELS TODAY?</b>		
<i>Circle One Face</i>			<i>Circle One Face</i>		
Hydration Score		AM = PH Level		PM = PH Level	
<b>Comments:</b>					

<b>GYM SESSIONS</b>						
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<b>Performance Rating</b>			<b>Actual Energy</b>			

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Bed-time last night		Did you sleep well?		Rising time in the morning		Did you wake refreshed?	
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**WHAT DID YOU HAVE FOR BREAKFAST**

Food	Fluids	Supplements/Medication

**WHAT DID YOU HAVE FOR SNACK**

Food	Fluids	Supplements/Medication

**WHAT DID YOU HAVE FOR LUNCH**

Food	Fluids	Supplements/Medication

**WHAT DID YOU HAVE FOR SNACK**

Food	Fluids	Supplements/Medication

**WHAT DID YOU HAVE FOR DINNER**

Food	Fluids	Supplements/Medication

**FOOD DIARY TEMPLATE AND MONITORING INFORMATION**

<b>WHAT DID YOU HAVE FOR SNACK</b>					
Food	Fluids	Supplements/Medication			
<b>HOW WERE YOUR STRESS LEVELS TODAY?</b>			<b>HOW WERE YOUR ENERGY LEVELS TODAY?</b>		
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Hydration Score		AM = PH Level		PM = PH Level	
<b>Comments:</b>					

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<b>Performance Rating</b>			<b>Actual Energy</b>			

**FOOD DIARY TEMPLATE AND MONITORING INFORMATION**

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Bed-time last night		Did you sleep well?		Rising time in the morning		Did you wake refreshed?	
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**WHAT DID YOU HAVE FOR BREAKFAST**

Food	Fluids	Supplements/Medication

**WHAT DID YOU HAVE FOR SNACK**

Food	Fluids	Supplements/Medication

**WHAT DID YOU HAVE FOR LUNCH**

Food	Fluids	Supplements/Medication

**WHAT DID YOU HAVE FOR SNACK**

Food	Fluids	Supplements/Medication

**WHAT DID YOU HAVE FOR DINNER**

Food	Fluids	Supplements/Medication

**FOOD DIARY TEMPLATE AND MONITORING INFORMATION**

<b>WHAT DID YOU HAVE FOR SNACK</b>					
Food	Fluids	Supplements/Medication			
<b>HOW WERE YOUR STRESS LEVELS TODAY?</b>			<b>HOW WERE YOUR ENERGY LEVELS TODAY?</b>		
<i>Circle One Face</i>			<i>Circle One Face</i>		
Hydration Score		AM = PH Level		PM = PH Level	
<b>Comments:</b>					

<b>GYM SESSIONS</b>						
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<b>Performance Rating</b>				<b>Actual Energy</b>		

**FOOD DIARY TEMPLATE AND MONITORING INFORMATION**

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Bed-time last night		Did you sleep well?		Rising time in the morning		Did you wake refreshed?	
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**WHAT DID YOU HAVE FOR BREAKFAST**

Food	Fluids	Supplements/Medication

**WHAT DID YOU HAVE FOR SNACK**

Food	Fluids	Supplements/Medication

**WHAT DID YOU HAVE FOR LUNCH**

Food	Fluids	Supplements/Medication

**WHAT DID YOU HAVE FOR SNACK**

Food	Fluids	Supplements/Medication

**WHAT DID YOU HAVE FOR DINNER**

Food	Fluids	Supplements/Medication

**FOOD DIARY TEMPLATE AND MONITORING INFORMATION**

<b>WHAT DID YOU HAVE FOR SNACK</b>					
Food	Fluids	Supplements/Medication			
<b>HOW WERE YOUR STRESS LEVELS TODAY?</b>			<b>HOW WERE YOUR ENERGY LEVELS TODAY?</b>		
<i>Circle One Face</i>			<i>Circle One Face</i>		
Hydration Score		AM = PH Level		PM = PH Level	
<b>Comments:</b>					

<b>GYM SESSIONS</b>						
EXERCISE	SETS	REPS	TEMPO	REST	OTHER INFO	
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<b>Performance Rating</b>			<b>Actual Energy</b>			



**FOOD DIARY TEMPLATE AND MONITORING INFORMATION**

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Bed-time last night		Did you sleep well?		Rising time in the morning		Did you wake refreshed?	
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**WHAT DID YOU HAVE FOR BREAKFAST**

Food	Fluids	Supplements/Medication

**WHAT DID YOU HAVE FOR SNACK**

Food	Fluids	Supplements/Medication

**WHAT DID YOU HAVE FOR LUNCH**

Food	Fluids	Supplements/Medication

**WHAT DID YOU HAVE FOR SNACK**

Food	Fluids	Supplements/Medication

**WHAT DID YOU HAVE FOR DINNER**

Food	Fluids	Supplements/Medication

**FOOD DIARY TEMPLATE AND MONITORING INFORMATION**

<b>WHAT DID YOU HAVE FOR SNACK</b>					
Food	Fluids	Supplements/Medication			
<b>HOW WERE YOUR STRESS LEVELS TODAY?</b>			<b>HOW WERE YOUR ENERGY LEVELS TODAY?</b>		
<i>Circle One Face</i>			<i>Circle One Face</i>		
Hydration Score		AM = PH Level		PM = PH Level	
<b>Comments:</b>					

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**FOOD DIARY TEMPLATE AND MONITORING INFORMATION**

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**WHAT DID YOU HAVE FOR BREAKFAST**

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**WHAT DID YOU HAVE FOR SNACK**

Food	Fluids	Supplements/Medication

**WHAT DID YOU HAVE FOR LUNCH**

Food	Fluids	Supplements/Medication

**WHAT DID YOU HAVE FOR SNACK**

Food	Fluids	Supplements/Medication

**WHAT DID YOU HAVE FOR DINNER**

Food	Fluids	Supplements/Medication

**FOOD DIARY TEMPLATE AND MONITORING INFORMATION**

WHAT DID YOU HAVE FOR SNACK					
Food		Fluids		Supplements/Medication	
HOW WERE YOUR STRESS LEVELS TODAY?			HOW WERE YOUR ENERGY LEVELS TODAY?		
Circle One Face			Circle One Face		
Hydration Score		AM = PH Level		PM = PH Level	
Comments:					

GYM SESSIONS						
EXERCISE	SETS	REPS	TEMPO	REST	OTHER INFO	
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**FOOD DIARY TEMPLATE AND MONITORING INFORMATION**

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Food	Fluids	Supplements/Medication

**WHAT DID YOU HAVE FOR LUNCH**

Food	Fluids	Supplements/Medication



**WHAT DID YOU HAVE FOR SNACK**

Food	Fluids	Supplements/Medication

**WHAT DID YOU HAVE FOR DINNER**

Food	Fluids	Supplements/Medication

**FOOD DIARY TEMPLATE AND MONITORING INFORMATION**

<b>WHAT DID YOU HAVE FOR SNACK</b>					
Food	Fluids	Supplements/Medication			
<b>HOW WERE YOUR STRESS LEVELS TODAY?</b>			<b>HOW WERE YOUR ENERGY LEVELS TODAY?</b>		
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Food	Fluids	Supplements/Medication

**WHAT DID YOU HAVE FOR LUNCH**

Food	Fluids	Supplements/Medication



**WHAT DID YOU HAVE FOR SNACK**

Food	Fluids	Supplements/Medication

**WHAT DID YOU HAVE FOR DINNER**

Food	Fluids	Supplements/Medication

**FOOD DIARY TEMPLATE AND MONITORING INFORMATION**

WHAT DID YOU HAVE FOR SNACK					
Food	Fluids		Supplements/Medication		
HOW WERE YOUR STRESS LEVELS TODAY?			HOW WERE YOUR ENERGY LEVELS TODAY?		
<i>Circle One Face</i>			<i>Circle One Face</i>		
					
Hydration Score		AM = PH Level		PM = PH Level	
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**FOOD DIARY TEMPLATE AND MONITORING INFORMATION**

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Food	Fluids	Supplements/Medication

**WHAT DID YOU HAVE FOR SNACK**

Food	Fluids	Supplements/Medication

**WHAT DID YOU HAVE FOR LUNCH**

Food	Fluids	Supplements/Medication

**WHAT DID YOU HAVE FOR SNACK**

Food	Fluids	Supplements/Medication

**WHAT DID YOU HAVE FOR DINNER**

Food	Fluids	Supplements/Medication

**FOOD DIARY TEMPLATE AND MONITORING INFORMATION**

<b>WHAT DID YOU HAVE FOR SNACK</b>					
Food	Fluids	Supplements/Medication			
<b>HOW WERE YOUR STRESS LEVELS TODAY?</b>			<b>HOW WERE YOUR ENERGY LEVELS TODAY?</b>		
<i>Circle One Face</i>			<i>Circle One Face</i>		
Hydration Score		AM = PH Level		PM = PH Level	
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**FOOD DIARY TEMPLATE AND MONITORING INFORMATION**

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**WHAT DID YOU HAVE FOR BREAKFAST**

Food	Fluids	Supplements/Medication

**WHAT DID YOU HAVE FOR SNACK**

Food	Fluids	Supplements/Medication

**WHAT DID YOU HAVE FOR LUNCH**

Food	Fluids	Supplements/Medication

**WHAT DID YOU HAVE FOR SNACK**

Food	Fluids	Supplements/Medication

**WHAT DID YOU HAVE FOR DINNER**

Food	Fluids	Supplements/Medication

**FOOD DIARY TEMPLATE AND MONITORING INFORMATION**

<b>WHAT DID YOU HAVE FOR SNACK</b>					
Food	Fluids	Supplements/Medication			
<b>HOW WERE YOUR STRESS LEVELS TODAY?</b>			<b>HOW WERE YOUR ENERGY LEVELS TODAY?</b>		
<i>Circle One Face</i>			<i>Circle One Face</i>		
Hydration Score		AM = PH Level		PM = PH Level	
<b>Comments:</b>					

<b>GYM SESSIONS</b>						
EXERCISE	SETS	REPS	TEMPO	REST	OTHER INFO	
<b>1A</b>						
<b>Weight Sequence</b>	1	2	3	4	5	6
	7	8	9	10	11	12
<b>Weight Sequence</b>	1	2	3	4	5	6
	7	8	9	10	11	12
<b>Weight Sequence</b>	1	2	3	4	5	6
	7	8	9	10	11	12
<b>Weight Sequence</b>	1	2	3	4	5	6
	7	8	9	10	11	12
<b>Weight Sequence</b>	1	2	3	4	5	6
	7	8	9	10	11	12
<b>Performance Rating</b>			<b>Actual Energy</b>			

**COMPLIANCE GRID**

<b>DAY</b>	<b>DRINK</b>	<b>BREKKIE</b>	<b>DRINK</b>	<b>LUNCH</b>	<b>DRINK</b>	<b>DINNER</b>	<b>DRINK</b>	<b>SNACK</b>
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								

What are you working on this week?      	Your compliance score for the week      %
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**COMPLIANCE GRID**

<b>DAY</b>	<b>DRINK</b>	<b>BREKKIE</b>	<b>DRINK</b>	<b>LUNCH</b>	<b>DRINK</b>	<b>DINNER</b>	<b>DRINK</b>	<b>SNACK</b>
Monday								
Tuesday								
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What are you working on this week?      	Your      
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**COMPLIANCE GRID**

<b>DAY</b>	<b>DRINK</b>	<b>BREKKIE</b>	<b>DRINK</b>	<b>LUNCH</b>	<b>DRINK</b>	<b>DINNER</b>	<b>DRINK</b>	<b>SNACK</b>
Monday								
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<p>What are you working on this week?</p>								<p>Your compliance score for the week</p> <p style="text-align: right;">%</p>

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<b>DAY</b>	<b>DRINK</b>	<b>BREKKIE</b>	<b>DRINK</b>	<b>LUNCH</b>	<b>DRINK</b>	<b>DINNER</b>	<b>DRINK</b>	<b>SNACK</b>
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<p>What are you working on this week?</p>								<p>Your compliance score for the week</p> <p style="text-align: right;">%</p>

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Monday								
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What are you working on this week?								Your compliance score for the week          %

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DAY	DRINK	BREKKIE	DRINK	LUNCH	DRINK	DINNER	DRINK	SNACK
Monday								
Tuesday								
Wednesday								
Thursday								
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What are you working on this week?								Your compliance score for the week          %

**COMPZIANCE GRID**

DAY	DRINK	BREKKIE	DRINK	LUNCH	DRINK	DINNER	DRINK	SNACK
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								
What are you working on this week?								Your compliance score for the week          %

**COMPZIANCE GRID**

DAY	DRINK	BREKKIE	DRINK	LUNCH	DRINK	DINNER	DRINK	SNACK
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
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What are you working on this week?								Your compliance score for the week          %



**COMPLIANCE GRID**

DAY	DRINK	BREKKIE	DRINK	LUNCH	DRINK	DINNER	DRINK	SNACK
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								

What are you working on this week?

Your compliance score for the week

%

**COMPLIANCE GRID**

DAY	DRINK	BREKKIE	DRINK	LUNCH	DRINK	DINNER	DRINK	SNACK
Monday								
Tuesday								
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What are you working on this week?

Your compliance score for the week

%

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What are you working on this week?								Your compliance score for the week
								%

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<b>DAY</b>	<b>DRINK</b>	<b>BREKKIE</b>	<b>DRINK</b>	<b>LUNCH</b>	<b>DRINK</b>	<b>DINNER</b>	<b>DRINK</b>	<b>SNACK</b>
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