



Lifestyle Assessment - Answer the Following Based on a Typical Day

What time do you get out of bed?	
What is the first thing you drink and at what time?	
What time is breakfast and what is it?	
What is your mid-morning snack?	
What do you eat next and at what time?	
What is your afternoon snack?	
What is your evening meal and at what time?	
Do you snack after your evening meal?	
Do you smoke?	
Daily alcohol consumption?	
How often do you walk or exercise?	
What do you do for relaxation?	
How much tea and coffee do you have each day?	
What time do you go to bed?	
Do you sleep well?	



Motivation and Digestive Health Questionnaire

What hobby/sport or interest groups do you belong to?	
What concerns you most about your health or weight?	
Is there anything about your lifestyle that is stressing you?	
Do you eat your food quickly without chewing?	Yes / No
Do you regularly eat on the run?	Yes / No
Do you regularly skip meals?	Yes / No
Do you eat when anxious or stressed?	Yes / No
Do you experience indigestion?	Yes / No
Do you eat breakfast every day?	Yes / No
What holds you back?	
<input type="checkbox"/> Because of past failures.	<input type="checkbox"/> A belief that it is all too hard.
<input type="checkbox"/> Lack of motivation.	<input type="checkbox"/> Lack of information.
<input type="checkbox"/> Not knowing how.	<input type="checkbox"/> Not enough time.



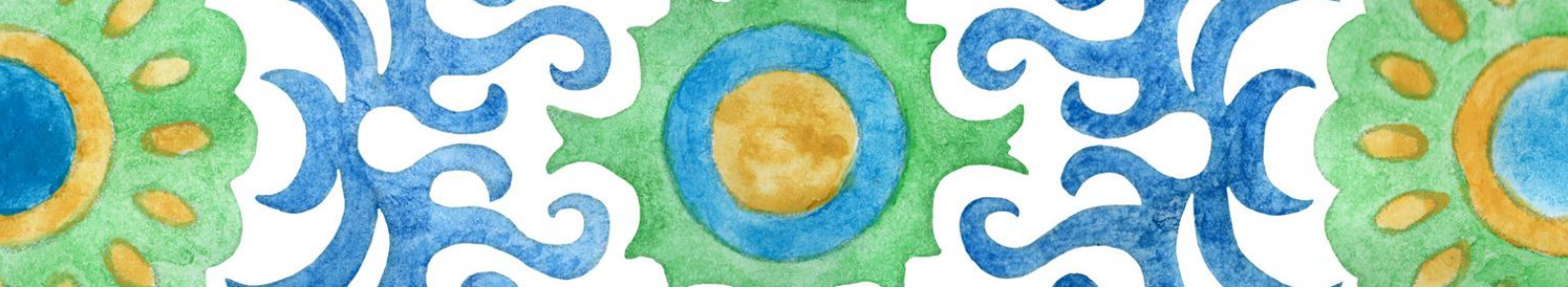
Wellness Safety Check Records

Measure	Date _/_/___	Date _/_/___	Date _/_/___	Date _/_/___
<i>Cholesterol</i>				
<i>Blood Sugar</i>				
<i>Iron</i>				
<i>Vitamin D</i>				
<i>Kidney Function</i>				
<i>Liver Function</i>				
<i>Blood Pressure</i>				
<i>Other</i>				
<i>Other</i>				



Take Your Measurements Monthly

Measure	Date _/_/___	Date _/_/___	Date _/_/___	Date _/_/___
<i>Chest</i>				
<i>Upper Right Arm</i>				
<i>Upper Left Arm</i>				
<i>Waist</i>				
<i>Hips</i>				
<i>Right Thigh</i>				
<i>Left Thigh</i>				
<i>Right Calf</i>				
<i>Left Calf</i>				



Days	<i>Monthly Training Plan</i> <i>Week Commencing</i> ___/___/___	<i>Week</i> 1	<i>Week</i> 2	<i>Week</i> 3	<i>Week</i> 4
<i>Monday</i>					
<i>Tuesday</i>					
<i>Wednesday</i>					
<i>Thursday</i>					
<i>Friday</i>					
<i>Saturday</i>					
<i>Sunday</i>					



21-Day Lifestyle Challenge Date: ____/____/____

Healthy Outcome	My Reward																					
My 'WHY' Power	My Support Team																					
Healthy Actions	Days:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21



<i>Meal Plan</i>	<i>First-Up</i>	<i>Breakfast</i>	<i>Mid-Morning</i>	<i>Midday Meal</i>	<i>Mid-Afternoon</i>	<i>Evening Meal</i>
<i>Day 1</i>						
<i>Day 2</i>						
<i>Day 3</i>						
<i>Day 4</i>						
<i>Day 5</i>						
<i>Day 6</i>						
<i>Day 7</i>						

Preparation Plan

.....
1	6
.....
2	7
.....
3	8
.....
4	9
.....
5	10
.....