

Medical Weight Loss Activities Record

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
# of New Direction Products Consumed							
Ounces of water							
Ounces of Other Drinks Consumed							
Any Food Eaten Outside of Meal Replacements							
Length/Type of Physical Activity							
Symptoms/Side Effects							
Extracurricular Activities (shopping, calling a friend, etc.)							
My Mood Today							