



Phase 1

WEEKLY PROGRESS CHART

Beginning of Week Weight: _____

Check off your progress throughout the day. After your first three days, and at the end of the week, add up your daily totals.

	Shakes/Cereal <i>(at least 3)</i>	Entrees <i>(at least 2)</i>	Benefit® Bars	Fruits & Vegetables <i>(at least 5)</i>	Met 3+2+5	"In the Box"	Physical Activity (PA) Calories <i>(at least 2000 cal's per week)</i>
Day/Date _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ____Shakes/Cereal	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ____Entrees	<input type="checkbox"/> <input type="checkbox"/> ____Bars	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ____Fruit/Veg	<input type="checkbox"/>	<input type="checkbox"/>	____PA Cals
Day/Date _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ____Shakes/Cereal	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ____Entrees	<input type="checkbox"/> <input type="checkbox"/> ____Bars	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ____Fruit/Veg	<input type="checkbox"/>	<input type="checkbox"/>	____PA Cals
Day/Date _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ____Shakes/Cereal	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ____Entrees	<input type="checkbox"/> <input type="checkbox"/> ____Bars	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ____Fruit/Veg	<input type="checkbox"/>	<input type="checkbox"/>	____PA Cals
Midweek Totals	____Shakes/Cereal	____Entrees	____Bars	____Fruit/Veg	____Days	____Days	____PA Cals
Day/Date _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ____Shakes/Cereal	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ____Entrees	<input type="checkbox"/> <input type="checkbox"/> ____Bars	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ____Fruit/Veg	<input type="checkbox"/>	<input type="checkbox"/>	____PA Cals
Day/Date _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ____Shakes/Cereal	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ____Entrees	<input type="checkbox"/> <input type="checkbox"/> ____Bars	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ____Fruit/Veg	<input type="checkbox"/>	<input type="checkbox"/>	____PA Cals
Day/Date _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ____Shakes/Cereal	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ____Entrees	<input type="checkbox"/> <input type="checkbox"/> ____Bars	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ____Fruit/Veg	<input type="checkbox"/>	<input type="checkbox"/>	____PA Cals
Day/Date _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ____Shakes/Cereal	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ____Entrees	<input type="checkbox"/> <input type="checkbox"/> ____Bars	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ____Fruit/Veg	<input type="checkbox"/>	<input type="checkbox"/>	____PA Cals

See chart on back to calculate physical activity calories.

TOTALS FOR THE WEEK

Totals: _____Shakes/Cereal _____Entrees _____Bars _____Fruit/Veg _____Days _____Days _____PA Cals
(Goals) (at least 21) (at least 14) (at least 35) (7 days) (7 days) (at least 2,000)

Phone program only: Customized Goal Midweek Check-In End of Week Weight: _____ Weight Change: _____



Estimate Your PHYSICAL ACTIVITY (PA) CALORIES

YOUR WEIGHT IN LBS.	LOW INTENSITY <i>raking, active gardening, recreational sports, (e.g., softball, golf-no cart)</i>	MEDIUM INTENSITY <i>walking, mowing, tennis, biking, light aerobics, swimming, weight lifting</i>	HIGH INTENSITY <i>moderate jogging, stair machine, racquetball, vigorous swimming</i>	VERY HIGH INTENSITY <i>fast jogging, stair climbing, cross-country skiing, jumping rope</i>
100–120	1 cal/min	3 cal/min	7 cal/min	10 cal/min
121–140	1 cal/min	5 cal/min	9 cal/min	12 cal/min
141–160	2 cal/min	5 cal/min	10 cal/min	13 cal/min
161–180	2 cal/min	6 cal/min	11 cal/min	14 cal/min
181–200	2 cal/min	7 cal/min	12 cal/min	15 cal/min
201–220	2 cal/min	7 cal/min	13 cal/min	17 cal/min
221–240	3 cal/min	8 cal/min	14 cal/min	18 cal/min
241–260	3 cal/min	9 cal/min	15 cal/min	19 cal/min
261–280	3 cal/min	9 cal/min	16 cal/min	20 cal/min
281–300	3 cal/min	10 cal/min	17 cal/min	21 cal/min
301–320	4 cal/min	11 cal/min	18 cal/min	23 cal/min
321–340	4 cal/min	11 cal/min	19 cal/min	24 cal/min
341–360	4 cal/min	12 cal/min	20 cal/min	24 cal/min
361–380	4 cal/min	13 cal/min	20 cal/min	26 cal/min
381–400	4 cal/min	13 cal/min	21 cal/min	27 cal/min
Over 400	5 cal/min	14 cal/min	22 cal/min	28 cal/min

The above calorie values are approximate and can vary depending on the intensity of the activity. Before beginning a physical activity program, you should consult your physician. At higher weights, high intensity activities are not recommended.

STRATEGIES TO USE THIS WEEK:

CUSTOMIZED GOAL: _____

GOALS FOR ONE-DAY PLAN:

_____ Shakes/Cereal _____ Entrees _____ Fruit/Veg _____ PA

GOALS FOR WEEK:

_____ Shakes/Cereal _____ Entrees _____ Fruit/Veg _____ PA

ONE DAY PLAN:

Breakfast Physical Activity

Snack

Lunch

Snack

Dinner

Snack