



Your lucky numbers!

What you eat and drink, how active you are and how much sleep you get are among the factors that affect your weight.

Use this once-a-day tool to keep track of everything during the week. Aim for the red numbers!

	Monday / /	Tuesday / /	Wednesday / /	Thursday / /	Friday / /	Saturday / /	Sunday / /
7-8 hours of sleep	# of hours _____	# of hours _____	# of hours _____	# of hours _____	# of hours _____	# of hours _____	# of hours _____
5 servings of fruits and vegetables	1. _____ 2. _____ 3. _____ 4. _____ 5. _____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____
At most 2 servings of alcohol for men, 1 for women	<input type="checkbox"/> 0-1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 or more	<input type="checkbox"/> 0-1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 or more	<input type="checkbox"/> 0-1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 or more	<input type="checkbox"/> 0-1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 or more	<input type="checkbox"/> 0-1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 or more	<input type="checkbox"/> 0-1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 or more	<input type="checkbox"/> 0-1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 or more
1/2 hour or more physical activity	<input type="checkbox"/> less than 30 min. <input type="checkbox"/> 30 min. or more Activities I did: _____ _____	<input type="checkbox"/> less than 30 min. <input type="checkbox"/> 30 min. or more Activities I did: _____ _____	<input type="checkbox"/> less than 30 min. <input type="checkbox"/> 30 min. or more Activities I did: _____ _____	<input type="checkbox"/> less than 30 min. <input type="checkbox"/> 30 min. or more Activities I did: _____ _____	<input type="checkbox"/> less than 30 min. <input type="checkbox"/> 30 min. or more Activities I did: _____ _____	<input type="checkbox"/> less than 30 min. <input type="checkbox"/> 30 min. or more Activities I did: _____ _____	<input type="checkbox"/> less than 30 min. <input type="checkbox"/> 30 min. or more Activities I did: _____ _____
0 soda or sweet drinks	<input type="checkbox"/> None <input type="checkbox"/> 1 – 2 <input type="checkbox"/> 3 or more	<input type="checkbox"/> None <input type="checkbox"/> 1 – 2 <input type="checkbox"/> 3 or more	<input type="checkbox"/> None <input type="checkbox"/> 1 – 2 <input type="checkbox"/> 3 or more	<input type="checkbox"/> None <input type="checkbox"/> 1 – 2 <input type="checkbox"/> 3 or more	<input type="checkbox"/> None <input type="checkbox"/> 1 – 2 <input type="checkbox"/> 3 or more	<input type="checkbox"/> None <input type="checkbox"/> 1 – 2 <input type="checkbox"/> 3 or more	<input type="checkbox"/> None <input type="checkbox"/> 1 – 2 <input type="checkbox"/> 3 or more
Portion sizes	<input type="checkbox"/> Moderate <input type="checkbox"/> Oversize	<input type="checkbox"/> Moderate <input type="checkbox"/> Oversize	<input type="checkbox"/> Moderate <input type="checkbox"/> Oversize	<input type="checkbox"/> Moderate <input type="checkbox"/> Oversize	<input type="checkbox"/> Moderate <input type="checkbox"/> Oversize	<input type="checkbox"/> Moderate <input type="checkbox"/> Oversize	<input type="checkbox"/> Moderate <input type="checkbox"/> Oversize
Healthy breakfast	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No