WEEKLY DIARY

NAME: DATE:

CORPORATE Personal FITNESS

This diary will help us assess your fitness and help you achieve your goals. Please complete each box, recording what you have eaten and drunk. Please be honest!
Tick the blue boxes when you have completed the activity from your weekly action plan. If you have done extra, put that in too.

	Breakfast	Snacks	Lunch	Snacks	Dinner	Snacks	Supper	Team activity	My activity
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Sunday									

COMMENT:

ACTION: