Daily Supplements: _____

Week beginning _____

Day	**Breakfast**	Morn. Tea	**Lunch**	Afternoon Tea	Snack	**Dinner**	Dessert	Alcohol	Exercise	Notes
Mon										
Tue										
Wed										
Thur										
Fri										
Sat										
Sun										

Day	**Breakfast**	Morn. Tea	**Lunch**	Afternoon Tea	Snack	**Dinner**	Dessert	Alcohol	Exercise	Notes
Mon										
Tue										
Wed										
Thur										
Fri										
Sat										
Sun										