



WEEKLY SELF-CARE LOG - VERY IMPORTANT: Please Complete Daily & Bring This Record to EVERY SESSION

Date:	Client Name:	Week Number:
Instructor:	This Week's Overall Wellness/Control/Confidence Scale: Not Good 1 2 3 4 5 6 7 8 9 10 Awesome	

<i>Tick if achieved & give details if required.</i>	Foo Foo & Core Homework Completed?	Walk/Exercise 30-60 Mins	Observed Nutrition Changes/Improvements	Rate Your Day in terms of Wellness/Control/Confidence (use the scale above)
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

