

Surgical Associates of La Jolla Weight Management Program  
 Daily Exercise and Diet Log

NAME: \_\_\_\_\_

Date:	Date:	Date:	Date:
Breakfast:	Breakfast:	Breakfast:	Breakfast:
Lunch:	Lunch:	Lunch:	Lunch:
Dinner:	Dinner:	Dinner:	Dinner:
Snack(s):	Snack(s):	Snack(s):	Snack(s):
<b>Exercise</b> <b>Y / N</b>  Cardio Minutes _____ What type(walking,aerobics,etc)?   Weight lifting/Strength Training Minutes _____ What type?	<b>Exercise</b> <b>Y / N</b>  Cardio Minutes _____ What type(walking,aerobics,etc)?   Weight lifting/Strength Training Minutes _____ What type?	<b>Exercise</b> <b>Y / N</b>  Cardio Minutes _____ What type(walking,aerobics,etc)?   Weight lifting/Strength Training Minutes _____ What type?	<b>Exercise</b> <b>Y / N</b>  Cardio Minutes _____ What type(walking,aerobics,etc)?   Weight lifting/Strength Training Minutes _____ What type?

Please bring a completed copy of this form to your appointment if you do not already have an existing log.

12/13/2007