



## Weekly Adherence Week 6

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Habit 6: Add a multi vitamin and mineral to your diet daily

If you have complied with this week's habit of adding a multivit then please tick the box, if you didn't manage it, simply put a cross. At the end of week let's tally up the ticks and obtain a percentage of uptake. Have we formed this new habit?

Some habits make take a little more practice so this week and next please monitor your adherence. Adherence to habit plan

WEEK 1	WEEK 2
Add a multi vit	
Monday	Monday
Tuesday	Tuesday
Wednesday	Wednesday
Thursday	Thursday
Friday	Friday
Saturday	Saturday
Sunday	Sunday

Are you having any problems with adherence, or does it seem easy? Please elaborate below.

No of ticks:

Higher than 90%, you are ready to move on to the next Module - well done

Lower than 90%, hey no worries, it takes time to make long term changes. I am so glad you are being honest.

How many steps walked this week:

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

How did you get on with this week's chest workout?

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## Willingness to exercise

How are your workouts going? Are you getting stronger, more powerful, is your breathing calming down? Let us know what changes you feel when working out. Please describe them in your own words. You can also use this section to highlight “problems” or concerns you may have about the workout.

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## What is recovery like after exercise?

1. Please rate (daily) each of the following variables on a scale of 0 - 5 as follows:

Appetite: 0 = No appetite;

5 = Very hungry

Sleep quality: 0 = Poor sleep;

5 = Very good sleep

Tiredness: 0 = No tiredness;

5 = Very tired

Willingness to train: 0 = No willingness;

5 = Very excited to train

WEEK 1	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
Sunday							
Appetite							
Sleep quality							

Tiredness

## 2. Resting Pulse Rate

Please record your morning resting pulse for each day while seated, immediately upon waking. Take your radial pulse (at the wrist) for 15 seconds and multiply by 4 to get a minute value. Record this minute value (beats per minute) here:

WEEK 1	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Sunday						
Pulse (bpm)						

### Bi weekly measurements

Body Composition Measures

Bodyweight (in lb.)

3. Please provide the following skinfold measures (in mm) \*.

#### SKINFOLD SITE

Abs	
Subscapularis	
Triceps	
Suprailiac	
Chest	
Thigh Mid-axillary	

4. Please provide the following girth measurements (inches or cm) \*.

MEASUREMENT (MM)

#### LOCATION

Neck	
Shoulder	
Chest	
Upper-arm	
Waist	

Hip

Thigh

Calf

