



Weekly Adherence Week 3

Name: _____ Date: _____

Habit 3: Eat vegetable with most meals & snacks.

If you have complied with this week's habit eaten vegetables with most meals then please tick the box, if you didn't manage it, simply put a cross. Work out your percentage and if over 90% - you have formed this new habit!

Each time you eat a vegetable with your meal, put an **X** in the appropriate box. Each time you miss a glass, put an **O** in the appropriate box.

WEEK 1

| MEAL | Breakfast | Snack | Lunch | Snack | Dinner | Snack |
|-----------|-----------|-------|-------|-------|--------|-------|
| Monday | | | | | | |
| Tuesday | | | | | | |
| Wednesday | | | | | | |
| Thursday | | | | | | |
| Friday | | | | | | |
| Saturday | | | | | | |
| Sunday | | | | | | |

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

No of ticks/42 x 100 = % this will help us to assess your readiness for change and moving on. For instance:

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 legs workout?

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.

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 | | | | | | | |
| Willingness | | | | | | | |

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) | | | | | | | |

