WEEK

1

BLOCK 1 · THE SCAFFOLDING, NOT THE HOUSE

Dates _____

Road ☐ A ☐ B ☐ C

Medicine day: _____ Dose: _____ Site: _____

☐ missed or late ☐ dose went up ☐ none this week

	PROTEIN PALMS	STRENGTH	WALK	STOMACH 0–3	WATER	MARK
M						
T						
W						
T						
F						
S						
S						

Stomach: 0 fine · 1 mild · 2 bothers me · 3 can't eat or drink normally. Mark: ✓ ½ ✗ (page 3).

WEIGH-IN (KG)
_____

FOOD NOISE
(1) (2) (3) (4) (5)

ENERGY
(1) (2) (3) (4) (5)

MOOD
(1) (2) (3) (4) (5)

■ **SIGN?** Get seen now (page 122), don't wait for Sunday. ▲ **SIGN THIS WEEK?** ☐ No ☐ Yes → call my doctor this week

WHAT HELPED THIS WEEK
Why did you start the medicine? Write the reason you'd give a friend.

NEXT WEEK'S TRICKY MOMENT → IF … THEN …
e.g. If I'm not hungry at lunch, then I'll still eat a palm of protein first and stop when I'm full.

NOTES

CHECK-IN · WEEK 4

Your three numbers

Same scale, same chair, same time of day (how: page 7).

	WEIGHT	WAIST	CHAIR STANDS
This check-in (week 4)			
Last check-in			
Week 0			

READ THEM TOGETHER

☐ Weight down or steady, chair stands steady or up: keep going.

☐ Weight up from my lowest: check my lines below.

☐ Chair stands clearly down: more protein, both sessions. Twice in a row: tell my doctor.

☐ No line reached ☐ Reminder line → tighten habits ☐ Red line ▼ → red-line sheet

THE LAST FOUR WEEKS, FROM YOUR WEEK PAGES

WEEK	STRENGTH SESSIONS	DAYS ✓ OR ½	WEIGH-IN	HIGHEST STOMACH
1				
2				
3				
4				

Copy your three numbers to page 7, plot them on page 8, and shade your days on page 9.

NOTES