

My JOURNAL


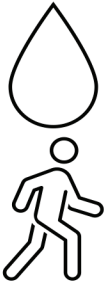
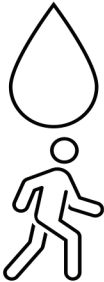
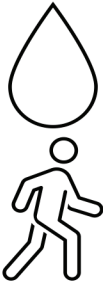
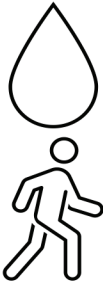


WEEK OF: _____	WEEK #: _____	STARTING WEIGHT _____	WEEKLY CHANGE: _____
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INJECTION INFO:	<u>DATE</u> _____	<u>DOSE</u> _____	<u>LOCATION</u> _____
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SIDE EFFECTS: _____

NSV: _____

NOTES: _____

SUN	MON	TUES	WED	THU	FRI	SAT
						

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WEEK #	DATE	DOSE	INJECTION A/S/T	WEIGHT	WEEKLY CHANGE	TOTAL WEIGHT LOSS
Example	1/1/23	2.5	S	300		
1	1/8/23	2.5	S	296.4	-3.6	3.6
2	1/15/23	2.5	S	292.6	-3.8	7.4
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

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WEEK #	DATE	DOSE	INJECTION A/S/T	WEIGHT	WEEKLY CHANGE	TOTAL WEIGHT LOSS
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

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WEEK #	DATE	DOSE	INJECTION A/S/T	WEIGHT	WEEKLY CHANGE	TOTAL WEIGHT LOSS
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						

