

**MY SWL RECORD (6 MONTHS)**

**NAME:**

**START DATE:**

	DATE	WEIGHT (LBS)	HIP CIRCUM. (INCH)	WAIST CIRCUM (INCH)	PICTURE	EXERCISE*	pH (saliva)	All supplements taken as recommended?	New Habits Successfully Integrated?	Subjective Feelings? Health Improvements?
DAY 1					O YES			O yes O no		
WEEK 4					O YES			O yes O no		
WEEK 6								O yes O no		
WEEK 8					O YES			O yes O no		
WEEK 10								O yes O no		
WEEK 12					O YES			O yes O no		
WEEK 14								O yes O no		
WEEK 16					O YES			O yes O no		
WEEK 18								O yes O no		
WEEK 20					O YES			O yes O no		
WEEK 22								O yes O no		
WEEK 24					O YES			O yes O no		
WEEK 26										

\* Exercise: INDICATE NUMBER OF WORK-OUTS BI-WEEKLY; for example: if you worked out 3 times the first week and 4 times the second week, you record '6'.