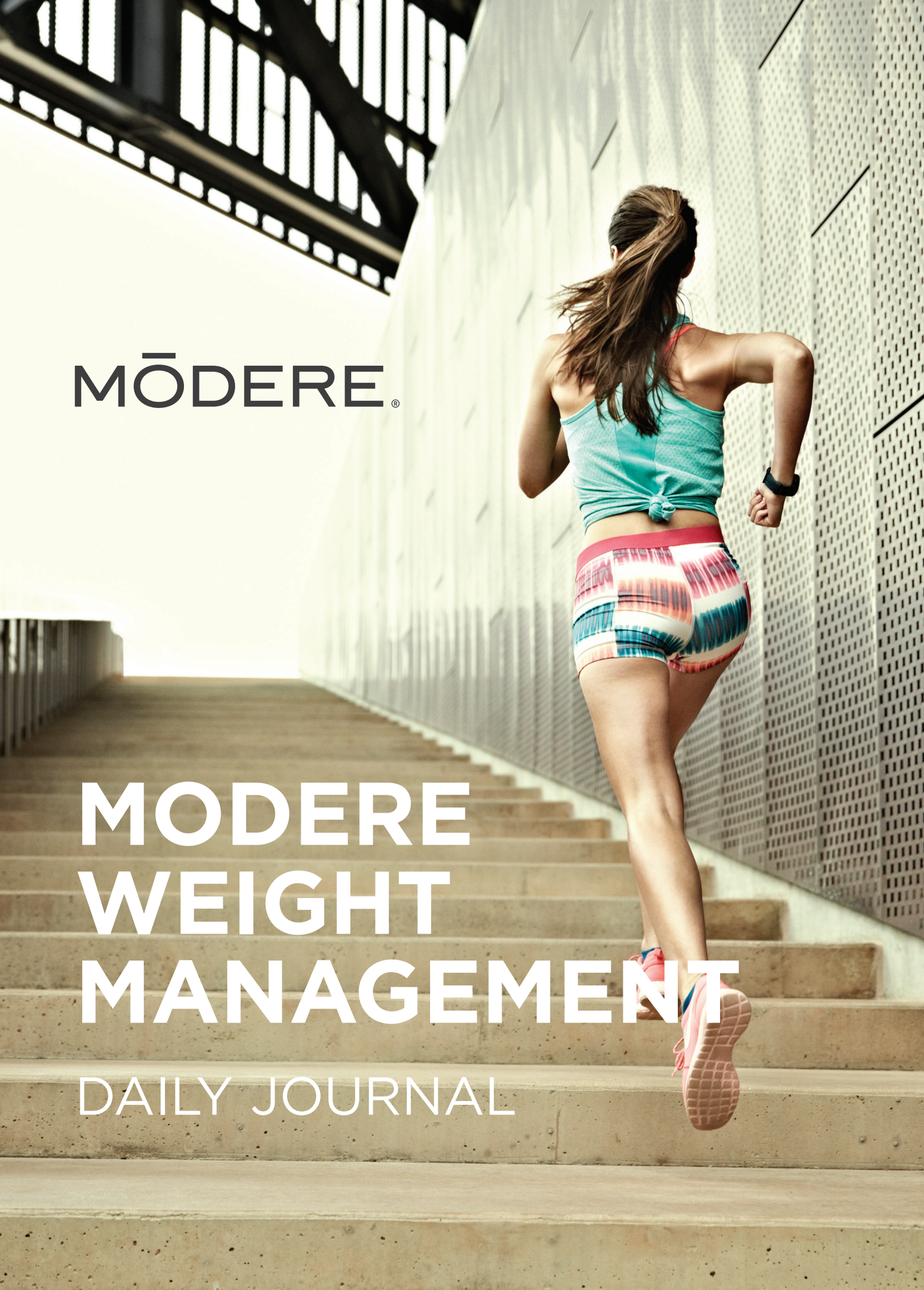
MŌDERE®



MODERE WEIGHT MANAGEMENT

DAILY JOURNAL

Start date:

Today's weight:

Goal weight:

Goals:

1

2

3

4

5

INSTRUCTIONS FOR TAKING BODY MEASUREMENTS FOR MODERE WEIGHT MANAGEMENT

WEIGHT

Only weigh in once a week and ideally on the same day at the same time. Weighing in daily can drive you crazy as your body weight will fluctuate, which is normal.

BODY MEASUREMENTS

Measurements should be made using a flexible body measurement tape. Measurements are done to the nearest half centimetre.

CHEST

Chest measurement should be made at the nipple or at the middle of the breast.

BICEPS

Bicep measurements should be made at the midpoint of the upper arm; typically the widest point on the upper arm.

WAIST

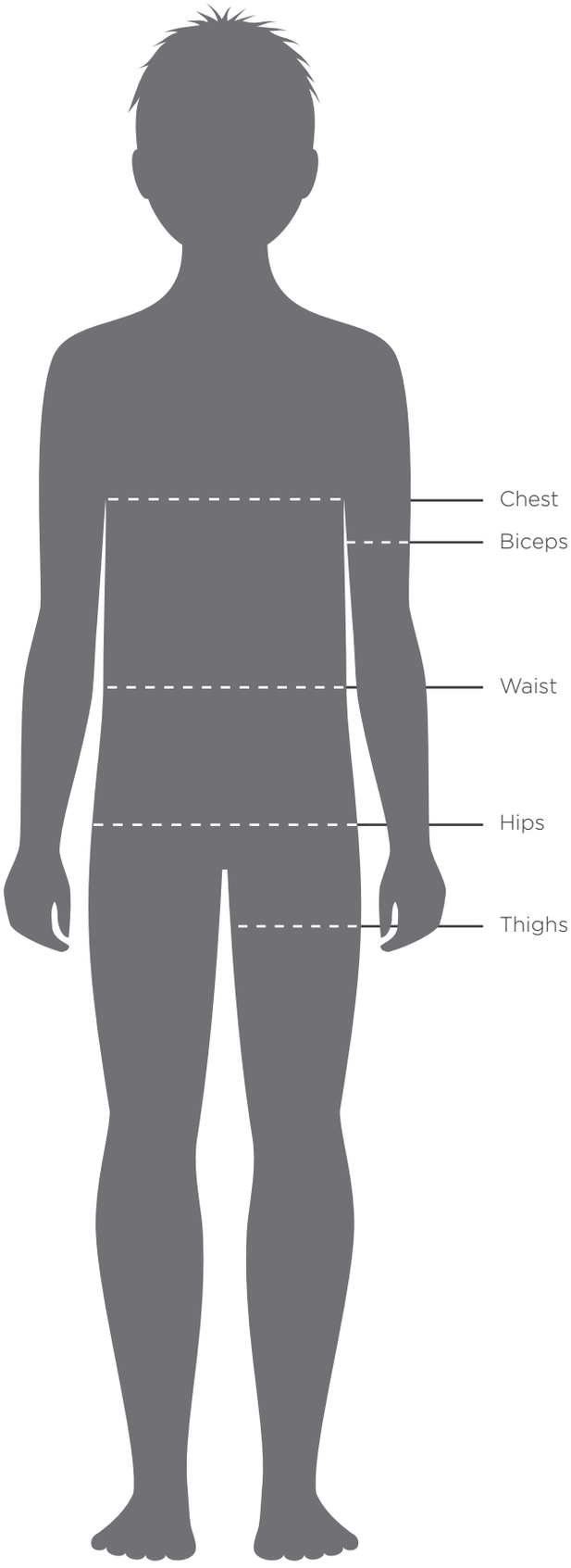
Waist measurement should be made at the midpoint between the lowest rib and the iliac crest (the highest point on the hips) – typically the smallest point on the waist.

HIPS

Hip measurement should be made at the widest point around the buttocks.

THIGHS

Thigh measurements should be made at the midpoint of the upper leg.



STARTING MEASUREMENTS:

Chest _____

Biceps _____

Waist _____

Hips _____

Thighs _____

MODERE WEIGHT MANAGEMENT DAILY JOURNAL

DAY 1

MEAL	FOOD	PHYSICALLY THIS MADE ME FEEL	MENTALLY THIS MADE ME FEEL
BREAKFAST Time _____		Bloated ☐ Indigestion ☐ Belchy ☐ Constipated ☐ Flatulant ☐	Withdrawn ☐ Irritable ☐ Anxious ☐ Over Restless ☐ stimulated ☐
MORNING SNACK Time _____		Bloated ☐ Indigestion ☐ Belchy ☐ Constipated ☐ Flatulant ☐	Withdrawn ☐ Irritable ☐ Anxious ☐ Over Restless ☐ stimulated ☐
LUNCH Time _____		Bloated ☐ Indigestion ☐ Belchy ☐ Constipated ☐ Flatulant ☐	Withdrawn ☐ Irritable ☐ Anxious ☐ Over Restless ☐ stimulated ☐
AFTERNOON SNACK Time _____		Bloated ☐ Indigestion ☐ Belchy ☐ Constipated ☐ Flatulant ☐	Withdrawn ☐ Irritable ☐ Anxious ☐ Over Restless ☐ stimulated ☐
DINNER Time _____		Bloated ☐ Indigestion ☐ Belchy ☐ Constipated ☐ Flatulant ☐	Withdrawn ☐ Irritable ☐ Anxious ☐ Over Restless ☐ stimulated ☐
EVENING SNACK Time _____		Bloated ☐ Indigestion ☐ Belchy ☐ Constipated ☐ Flatulant ☐	Withdrawn ☐ Irritable ☐ Anxious ☐ Over Restless ☐ stimulated ☐

Water (cups per day) _____	**EXERCISE**	**RELAXATION**
Additional beverages _____	Type _____	Type _____
Fats/oils _____	Duration _____	Duration _____
Condiments (sugar/salt/spices/herbs) _____	Pedometer reading _____	

I WAS NATURALLY HUNGRY: Y / N **I RECOGNISED THAT I WAS FULL:** Y / N **I STOPPED EATING WHEN I FELT FULL:** Y / N

DAY 2

MEAL	FOOD	PHYSICALLY THIS MADE ME FEEL	MENTALLY THIS MADE ME FEEL
BREAKFAST Time _____		Bloated ☐ Indigestion ☐ Belchy ☐ Constipated ☐ Flatulant ☐	Withdrawn ☐ Irritable ☐ Anxious ☐ Over Restless ☐ stimulated ☐
MORNING SNACK Time _____		Bloated ☐ Indigestion ☐ Belchy ☐ Constipated ☐ Flatulant ☐	Withdrawn ☐ Irritable ☐ Anxious ☐ Over Restless ☐ stimulated ☐
LUNCH Time _____		Bloated ☐ Indigestion ☐ Belchy ☐ Constipated ☐ Flatulant ☐	Withdrawn ☐ Irritable ☐ Anxious ☐ Over Restless ☐ stimulated ☐
AFTERNOON SNACK Time _____		Bloated ☐ Indigestion ☐ Belchy ☐ Constipated ☐ Flatulant ☐	Withdrawn ☐ Irritable ☐ Anxious ☐ Over Restless ☐ stimulated ☐
DINNER Time _____		Bloated ☐ Indigestion ☐ Belchy ☐ Constipated ☐ Flatulant ☐	Withdrawn ☐ Irritable ☐ Anxious ☐ Over Restless ☐ stimulated ☐
EVENING SNACK Time _____		Bloated ☐ Indigestion ☐ Belchy ☐ Constipated ☐ Flatulant ☐	Withdrawn ☐ Irritable ☐ Anxious ☐ Over Restless ☐ stimulated ☐

Water (cups per day) _____	**EXERCISE**	**RELAXATION**
Additional beverages _____	Type _____	Type _____
Fats/oils _____	Duration _____	Duration _____
Condiments (sugar/salt/spices/herbs) _____	Pedometer reading _____	

I WAS NATURALLY HUNGRY: Y / N **I RECOGNISED THAT I WAS FULL:** Y / N **I STOPPED EATING WHEN I FELT FULL:** Y / N

MODERE WEIGHT MANAGEMENT DAILY JOURNAL

DAY 3

MEAL	FOOD	PHYSICALLY THIS MADE ME FEEL	MENTALLY THIS MADE ME FEEL
BREAKFAST Time _____		Bloated ☐ Indigestion ☐ Belchy ☐ Constipated ☐ Flatulant ☐	Withdrawn ☐ Irritable ☐ Anxious ☐ Over Restless ☐ stimulated ☐
MORNING SNACK Time _____		Bloated ☐ Indigestion ☐ Belchy ☐ Constipated ☐ Flatulant ☐	Withdrawn ☐ Irritable ☐ Anxious ☐ Over Restless ☐ stimulated ☐
LUNCH Time _____		Bloated ☐ Indigestion ☐ Belchy ☐ Constipated ☐ Flatulant ☐	Withdrawn ☐ Irritable ☐ Anxious ☐ Over Restless ☐ stimulated ☐
AFTERNOON SNACK Time _____		Bloated ☐ Indigestion ☐ Belchy ☐ Constipated ☐ Flatulant ☐	Withdrawn ☐ Irritable ☐ Anxious ☐ Over Restless ☐ stimulated ☐
DINNER Time _____		Bloated ☐ Indigestion ☐ Belchy ☐ Constipated ☐ Flatulant ☐	Withdrawn ☐ Irritable ☐ Anxious ☐ Over Restless ☐ stimulated ☐
EVENING SNACK Time _____		Bloated ☐ Indigestion ☐ Belchy ☐ Constipated ☐ Flatulant ☐	Withdrawn ☐ Irritable ☐ Anxious ☐ Over Restless ☐ stimulated ☐

Water (cups per day) _____	**EXERCISE**	**RELAXATION**
Additional beverages _____	Type _____	Type _____
Fats/oils _____	Duration _____	Duration _____
Condiments (sugar/salt/spices/herbs) _____	Pedometer reading _____	

I WAS NATURALLY HUNGRY: Y / N **I RECOGNISED THAT I WAS FULL:** Y / N **I STOPPED EATING WHEN I FELT FULL:** Y / N

DAY 4

MEAL	FOOD	PHYSICALLY THIS MADE ME FEEL	MENTALLY THIS MADE ME FEEL
BREAKFAST Time _____		Bloated ☐ Indigestion ☐ Belchy ☐ Constipated ☐ Flatulant ☐	Withdrawn ☐ Irritable ☐ Anxious ☐ Over Restless ☐ stimulated ☐
MORNING SNACK Time _____		Bloated ☐ Indigestion ☐ Belchy ☐ Constipated ☐ Flatulant ☐	Withdrawn ☐ Irritable ☐ Anxious ☐ Over Restless ☐ stimulated ☐
LUNCH Time _____		Bloated ☐ Indigestion ☐ Belchy ☐ Constipated ☐ Flatulant ☐	Withdrawn ☐ Irritable ☐ Anxious ☐ Over Restless ☐ stimulated ☐
AFTERNOON SNACK Time _____		Bloated ☐ Indigestion ☐ Belchy ☐ Constipated ☐ Flatulant ☐	Withdrawn ☐ Irritable ☐ Anxious ☐ Over Restless ☐ stimulated ☐
DINNER Time _____		Bloated ☐ Indigestion ☐ Belchy ☐ Constipated ☐ Flatulant ☐	Withdrawn ☐ Irritable ☐ Anxious ☐ Over Restless ☐ stimulated ☐
EVENING SNACK Time _____		Bloated ☐ Indigestion ☐ Belchy ☐ Constipated ☐ Flatulant ☐	Withdrawn ☐ Irritable ☐ Anxious ☐ Over Restless ☐ stimulated ☐

Water (cups per day) _____	**EXERCISE**	**RELAXATION**
Additional beverages _____	Type _____	Type _____
Fats/oils _____	Duration _____	Duration _____
Condiments (sugar/salt/spices/herbs) _____	Pedometer reading _____	

I WAS NATURALLY HUNGRY: Y / N **I RECOGNISED THAT I WAS FULL:** Y / N **I STOPPED EATING WHEN I FELT FULL:** Y / N

DAY 5

MEAL	FOOD	PHYSICALLY THIS MADE ME FEEL		MENTALLY THIS MADE ME FEEL	
BREAKFAST Time _____		Bloated Belchy Flatulant	Indigestion Constipated	Withdrawn Anxious Restless	Irritable Over stimulated
MORNING SNACK Time _____		Bloated ☐ Belchy ☐ Flatulant ☐	Indigestion ☐ Constipated ☐	Withdrawn ☐ Anxious ☐ Restless ☐	Irritable ☐ Over stimulated ☐
LUNCH Time _____		Bloated Belchy Flatulant	Indigestion Constipated	Withdrawn Anxious Restless	Irritable Over stimulated
AFTERNOON SNACK Time _____		Bloated ☐ Belchy ☐ Flatulant ☐	Indigestion ☐ Constipated ☐	Withdrawn ☐ Anxious ☐ Restless ☐	Irritable ☐ Over stimulated ☐
DINNER Time _____		Bloated ☐ Belchy ☐ Flatulant ☐	Indigestion ☐ Constipated ☐	Withdrawn ☐ Anxious ☐ Restless ☐	Irritable ☐ Over stimulated ☐
EVENING SNACK Time _____		Bloated Belchy Flatulant	Indigestion Constipated	Withdrawn Anxious Restless	Irritable Over stimulated

Water (cups per day) _____	**EXERCISE**	**RELAXATION**
Additional beverages _____	Type _____	Type _____
Fats/oils _____	Duration _____	Duration _____
Condiments (sugar/salt/spices/herbs) _____	Pedometer reading _____	

I WAS NATURALLY HUNGRY: Y / N **I RECOGNISED THAT I WAS FULL:** Y / N **I STOPPED EATING WHEN I FELT FULL:** Y / N

DAY 6

MEAL	FOOD	PHYSICALLY THIS MADE ME FEEL		MENTALLY THIS MADE ME FEEL	
BREAKFAST Time _____		Bloated Belchy Flatulant	Indigestion Constipated	Withdrawn Anxious Restless	Irritable Over stimulated
MORNING SNACK Time _____		Bloated ☐ Belchy ☐ Flatulant ☐	Indigestion ☐ Constipated ☐	Withdrawn ☐ Anxious ☐ Restless ☐	Irritable ☐ Over stimulated ☐
LUNCH Time _____		Bloated Belchy Flatulant	Indigestion Constipated	Withdrawn Anxious Restless	Irritable Over stimulated
AFTERNOON SNACK Time _____		Bloated ☐ Belchy ☐ Flatulant ☐	Indigestion ☐ Constipated ☐	Withdrawn ☐ Anxious ☐ Restless ☐	Irritable ☐ Over stimulated ☐
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EVENING SNACK Time _____		Bloated Belchy Flatulant	Indigestion Constipated	Withdrawn Anxious Restless	Irritable Over stimulated

Water (cups per day) _____	**EXERCISE**	**RELAXATION**
Additional beverages _____	Type _____	Type _____
Fats/oils _____	Duration _____	Duration _____
Condiments (sugar/salt/spices/herbs) _____	Pedometer reading _____	

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MODERE WEIGHT MANAGEMENT DAILY JOURNAL

DAY 7

MEAL	FOOD	PHYSICALLY THIS MADE ME FEEL	MENTALLY THIS MADE ME FEEL
BREAKFAST Time _____		Bloated Indigestion Belchy Constipated Flatulant	Withdrawn Irritable Anxious Over Restless stimulated
MORNING SNACK Time _____		Bloated ☐ Indigestion ☐ Belchy ☐ Constipated ☐ Flatulant ☐	Withdrawn ☐ Irritable ☐ Anxious ☐ Over Restless ☐ stimulated ☐
LUNCH Time _____		Bloated Indigestion Belchy Constipated Flatulant	Withdrawn Irritable Anxious Over Restless stimulated
AFTERNOON SNACK Time _____		Bloated ☐ Indigestion ☐ Belchy ☐ Constipated ☐ Flatulant ☐	Withdrawn ☐ Irritable ☐ Anxious ☐ Over Restless ☐ stimulated ☐
DINNER Time _____		Bloated ☐ Indigestion ☐ Belchy ☐ Constipated ☐ Flatulant ☐	Withdrawn ☐ Irritable ☐ Anxious ☐ Over Restless ☐ stimulated ☐
EVENING SNACK Time _____		Bloated Indigestion Belchy Constipated Flatulant	Withdrawn Irritable Anxious Over Restless stimulated

Water (cups per day) _____	**EXERCISE**	**RELAXATION**
Additional beverages _____	Type _____	Type _____
Fats/oils _____	Duration _____	Duration _____
Condiments (sugar/salt/spices/herbs) _____	Pedometer reading _____	

I WAS NATURALLY HUNGRY: Y / N **I RECOGNISED THAT I WAS FULL:** Y / N **I STOPPED EATING WHEN I FELT FULL:** Y / N

Start date:

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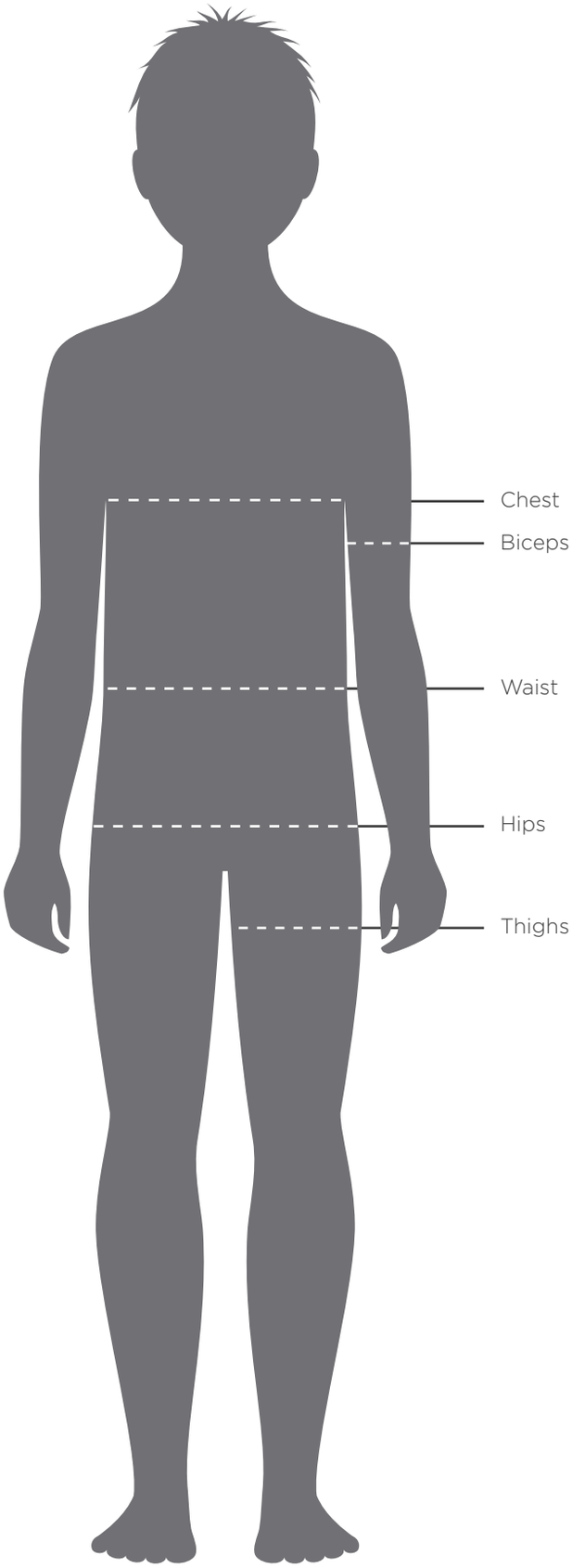

STARTING MEASUREMENTS:

Chest _____

Biceps _____

Waist _____

Hips _____

Thighs _____

MŌDERE®