

# Xoçai™ High-Antioxidant Weight-Loss System™ WEEKLY TRACKING SHEET



Name  Week #  Date

**Congratulations on your decision to lose weight,** feel great and look better than you have in years with the Xoçai™ High-Antioxidant Weight Loss System™. This tear pad sheet provides a way to track your results for one week. At the end of the week, you'll have an accurate picture of all your efforts as you work toward a better you.

**Program Beginning weight**  **Program Beginning waist circumference**

**Goal weight**  **Goal waist circumference**

Start of week weight  Start of week waist circumference

**DAY 1** End of week weight  End of week waist circumference

**What Did I Eat? (Include snacks)** (include each item, calories and ORAC values)

Meal 1 \_\_\_\_\_ Meal 5 \_\_\_\_\_  
Meal 2 \_\_\_\_\_ Meal 6 \_\_\_\_\_  
Meal 3 \_\_\_\_\_ Meal 7 \_\_\_\_\_  
Meal 4 \_\_\_\_\_ Meal 8 \_\_\_\_\_

**How Much Water Did I Drink?** (8 oz)

**How Much Did I Exercise?** Activity \_\_\_\_\_ Time \_\_\_\_\_

**How Much Did I Sleep?** \_\_\_\_\_ Hours

**How do you feel today** (i.e. low energy, high energy, sad, happy) \_\_\_\_\_

**How Hungry was I today?** 1 2 3 4 5 6  
stuffed content famished

**DAY 2**

**What Did I Eat? (Include snacks)** (include each item, calories and ORAC values)

Meal 1 \_\_\_\_\_ Meal 5 \_\_\_\_\_  
Meal 2 \_\_\_\_\_ Meal 6 \_\_\_\_\_  
Meal 3 \_\_\_\_\_ Meal 7 \_\_\_\_\_  
Meal 4 \_\_\_\_\_ Meal 8 \_\_\_\_\_

**How Much Water Did I Drink?** (8 oz)

**How Much Did I Exercise?** Activity \_\_\_\_\_ Time \_\_\_\_\_

**How Much Did I Sleep?** \_\_\_\_\_ Hours

**How do you feel today** (i.e. low energy, high energy, sad, happy) \_\_\_\_\_

**How Hungry was I today?** 1 2 3 4 5 6  
stuffed content famished

**DAY 3**

**What Did I Eat? (Include snacks)** (include each item, calories and ORAC values)

Meal 1 \_\_\_\_\_ Meal 5 \_\_\_\_\_  
Meal 2 \_\_\_\_\_ Meal 6 \_\_\_\_\_  
Meal 3 \_\_\_\_\_ Meal 7 \_\_\_\_\_  
Meal 4 \_\_\_\_\_ Meal 8 \_\_\_\_\_

**How Much Water Did I Drink?** (8 oz)

**How Much Did I Exercise?** Activity \_\_\_\_\_ Time \_\_\_\_\_

**How Much Did I Sleep?** \_\_\_\_\_ Hours

**How do you feel today** (i.e. low energy, high energy, sad, happy) \_\_\_\_\_

**How Hungry was I today?** 1 2 3 4 5 6  
stuffed content famished

**DAY 4**

**What Did I Eat? (Include snacks)** (include each item, calories and ORAC values)

Meal 1 \_\_\_\_\_ Meal 5 \_\_\_\_\_  
Meal 2 \_\_\_\_\_ Meal 6 \_\_\_\_\_  
Meal 3 \_\_\_\_\_ Meal 7 \_\_\_\_\_  
Meal 4 \_\_\_\_\_ Meal 8 \_\_\_\_\_

**How Much Water Did I Drink?** (8 oz)

**How Much Did I Exercise?** Activity \_\_\_\_\_ Time \_\_\_\_\_

**How Much Did I Sleep?** \_\_\_\_\_ Hours

**How do you feel today** (i.e. low energy, high energy, sad, happy) \_\_\_\_\_

**How Hungry was I today?**

1	2	3	4	5	6
stuffed		content			famished

**DAY 5**

**What Did I Eat? (Include snacks)** (include each item, calories and ORAC values)

Meal 1 \_\_\_\_\_ Meal 5 \_\_\_\_\_  
Meal 2 \_\_\_\_\_ Meal 6 \_\_\_\_\_  
Meal 3 \_\_\_\_\_ Meal 7 \_\_\_\_\_  
Meal 4 \_\_\_\_\_ Meal 8 \_\_\_\_\_

**How Much Water Did I Drink?** (8 oz)

**How Much Did I Exercise?** Activity \_\_\_\_\_ Time \_\_\_\_\_

**How Much Did I Sleep?** \_\_\_\_\_ Hours

**How do you feel today** (i.e. low energy, high energy, sad, happy) \_\_\_\_\_

**How Hungry was I today?**

1	2	3	4	5	6
stuffed		content			famished

**DAY 6**

**What Did I Eat? (Include snacks)** (include each item, calories and ORAC values)

Meal 1 \_\_\_\_\_ Meal 5 \_\_\_\_\_  
Meal 2 \_\_\_\_\_ Meal 6 \_\_\_\_\_  
Meal 3 \_\_\_\_\_ Meal 7 \_\_\_\_\_  
Meal 4 \_\_\_\_\_ Meal 8 \_\_\_\_\_

**How Much Water Did I Drink?** (8 oz)

**How Much Did I Exercise?** Activity \_\_\_\_\_ Time \_\_\_\_\_

**How Much Did I Sleep?** \_\_\_\_\_ Hours

**How do you feel today** (i.e. low energy, high energy, sad, happy) \_\_\_\_\_

**How Hungry was I today?**

1	2	3	4	5	6
stuffed		content			famished

**DAY 7**

**What Did I Eat? (Include snacks)** (include each item, calories and ORAC values)

Meal 1 \_\_\_\_\_ Meal 5 \_\_\_\_\_  
Meal 2 \_\_\_\_\_ Meal 6 \_\_\_\_\_  
Meal 3 \_\_\_\_\_ Meal 7 \_\_\_\_\_  
Meal 4 \_\_\_\_\_ Meal 8 \_\_\_\_\_

**How Much Water Did I Drink?** (8 oz)

**How Much Did I Exercise?** Activity \_\_\_\_\_ Time \_\_\_\_\_

**How Much Did I Sleep?** \_\_\_\_\_ Hours

**How do you feel today** (i.e. low energy, high energy, sad, happy) \_\_\_\_\_

**How Hungry was I today?**

1	2	3	4	5	6
stuffed		content			famished