



Custom Client Void Replacements - One Week

Name _____ Date _____ Week _____
Start Weight _____ End Weight _____

Past Life Cravings

New Lifestyle

Ice Cream

1.
2.
3.

1.
2.
3.

Candy

1.
2.

1.
2.

Cake

1.
2.

1.
2.

Chips

1.
2.

1.
2.

Late Night Cravings

1.
2.

1.
2.

Other Cravings

1.
2.

1.
2.

Notes _____

