WEEK OF	MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY		SUNDAY	
	Wahit Water	$\triangle \triangle \triangle$	DAILY WATER	$\Delta \Delta \Delta$	O O O O BAILY	$\triangle \triangle \triangle$	DAILY WATER	$\wedge \wedge \wedge$	DAILY WATER	$\Delta \Delta \Delta$	DAILY WATER	$\triangle \triangle \triangle$	DAILY WATER	$\Delta\Delta$
THIS WEEK'S FOCUS	FOOD ITEM	CAL	FOOD ITEM	CAL	FOOD ITEM	CAL	FOOD ITEM	CAL	FOOD ITEM	CAL	FOOD ITEM	CAL	FOOD ITEM	CAL
													1	
													1	
GROCERY LIST														
													1	
													1	
	TARGET CALORIES		TARGET CALORIES		TARGET CALORIES		TARGET CALORIES		TARGET CALORIES		TARGET CALORIES		TARGET CALORIES	
	TOTAL CALORIES		TOTAL CALORIES		TOTAL CALORIES		TOTAL CALORIES		TOTAL CALORIES		TOTAL CALORIES		TOTAL CALORIES	
	DIFFERENCE		DIFFERENCE		DIFFERENCE		DIFFERENCE		DIFFERENCE		DIFFERENCE		DIFFERENCE	
	From 1-10, how do you feel physically?		From 1-10, how do you feel physically?		From 1-10, how do you feel physically?		From 1-10, how do you feel physically?		From 1-10, how do you feel physically?		From 1-10, how do you feel physically?		From 1-10, how do you feel physically?	
	Did you exercise today?	Y / N	Did you exercise today?	Y / N	Did you exercise today?	Y/N	Did you exercise today?	Y/N	Did you exercise today?	Y/N	Did you exercise today?	Y/N	Did you exercise today?	Y/N
	REFLE	CTION	I QUESTIONS						SPACE OI	INFIN	NITE POSSIBILIT	Y		
Check-in Partner:	From 1-10, hov	ı do you	ı feel overall abou	t this p	ast week? Explain	why.								
Have you checked in	What are three things you can improve on this week?													
with them this week?	1													

(circle one)

NO

(3)

YES