Get Healthy...
Get Smart!

Lifestyle Monitoring Sheet (weekly)

Dates: Sunday_____ to Saturday _____

Day	Time of exercise appt. A.M./P.M.	Exercise done at appt. time?	Time of exercise?	Amount of time spent (in minutes)?	Weight loss this week?	Drank 6-8 glass of water?	At top-quality food?	Avoided snacks?	Took time to chew food slowly?	Thankful, grateful attitude?
Sunday										
Monday										
Tuesday										
Wednesday										
Thursday										
Friday										
Saturday										