

WEEKLY CHECK-IN.

Name _____ Week of _____

THE NUMBERS

1 Average weight this week _____

2 Average daily steps _____

3 Average hours of sleep a night _____

TRAINING

4 Sessions done, of those planned _____ of _____

5 How hard training felt (1 easy, 10 as hard as it gets) 1 2 3 4 5 6 7 8 9 10

6 Any pain or niggles? Where, and when does it hurt?

FOOD

7 How closely you followed your nutrition plan (1 not at all, 10 every meal) 1 2 3 4 5 6 7 8 9 10

8 Hunger (1 rarely, 10 all the time) 1 2 3 4 5 6 7 8 9 10

HOW YOU FEEL

9 Energy (1 flat, 10 full of it) 1 2 3 4 5 6 7 8 9 10

10 Stress (1 calm, 10 very stressed) 1 2 3 4 5 6 7 8 9 10

11 Sleep quality (1 poor, 10 great) 1 2 3 4 5 6 7 8 9 10

IN YOUR WORDS

12 What went well this week?

13 What was hardest?

14 Anything coming up next week?

15 Anything you need from me?

