

Challenge Tracking Sheet

Name

Instructions
Mark a check if completed successfully and an X if your goal was missed.
Quality: Did I avoid food & drink on the "Avoid" list?
Quantity: Did I use the plate method, hand method, or MFP at each meal?
Timing: Did I stop eating 2 hours before bed and did I keep 12 hours between dinner and breakfast?
Water: Did I get 80oz (women) or 100oz (men), and did I use some method of measuring?
Sleep: Did I get 7-8 hours of sleep?

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1/18	1/19	1/20	1/21	1/22	1/23
Quality							
Quantity							
Timing							
Water							
Sleep							
	1/24	1/25	1/26	1/27	1/28	1/29	1/30
Quality							
Quantity							
Timing							
Water							
Sleep							
	1/31	2/1	2/2	2/3	2/4	2/5	2/6
Quality							
Quantity							
Timing							
Water							
Sleep							
	2/7	2/8	2/9	2/10	2/11	2/12	2/13
Quality							
Quantity							
Timing							
Water							
Sleep							
	2/14	2/15	2/16	2/17	2/18	2/19	2/20
Quality							
Quantity							
Timing							
Water							
Sleep							
	2/21	2/22	2/23	2/24	2/25	2/26	
Quality							
Quantity							
Timing							
Water							
Sleep							