

Nutrition Challenge Tracking Sheet

Name

What method will you be using for quantity control (circle one)?
Plate Method Hand Method Weigh & Measure

Sleep Target (list hours per night)

Instructions
Mark a check if completed successfully and an X if your goal was missed.
Quality: Did I eat mostly whole foods? Did I avoid most processed foods? Did I choose a healthy option if I ate out?
Quantity: Did I use the plate method, hand method, or weigh & measure each meal? If so, was I within the quantity recommendation?
Water: Did I drink 1/2 my body weight in ounces of water?
Sleep: Did I hit my sleep target?
Exercise: Check-in & record scores in WODIFY. This is how we'll measure workout consistency.

Kick-Off & Weekly Checklist			
	Watch Presentation >>		InBody Scan 1
	Kitchen Makeover		Meal Prep Week 1
	Meal Prep Week 2		Meal Prep Week 3
	Meal Prep Week 4		Meal Prep Week 5
	Meal Prep Week 6		InBody Scan 2

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

