



# Tracking My Weekly Progress

(Week 1-4)

Name: \_\_\_\_\_

Week of: \_\_\_\_\_

Circle your progress at the end of each week.

	Poor		Good	Excellent	
Sleep	1	2	3	4	5
Journal/Meditation	1	2	3	4	5
Exercise	1	2	3	4	5
Appetite	1	2	3	4	5
Digestion	1	2	3	4	5
Regular meal times	1	2	3	4	5
Food choices	1	2	3	4	5
Energy	1	2	3	4	5
Moods	1	2	3	4	5
Passion	1	2	3	4	5
Aches & pains	1	2	3	4	5
Symptoms	1	2	3	4	5
Goal #1	1	2	3	4	5
Goal #2	1	2	3	4	5