

# Measuring My Success

*All my actions contribute to my overall good health. Today I am a success!*

| Month & Year  | My success for the week of: | My success for the week of: | My success for the week of: | My success for the week of: |
|---|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <b>Activity Level</b>                                       |                             |                             |                             |                             |
| Number of workouts this week                                |                             |                             |                             |                             |
| Average intensity level during workouts                     |                             |                             |                             |                             |
| How active was I this week                                  |                             |                             |                             |                             |
| <b>Nutrient and Caloric Intake</b>                          |                             |                             |                             |                             |
| Eating - on track with calories 90% of the time             |                             |                             |                             |                             |
| Drinking - 64oz fluids per day on most days                 |                             |                             |                             |                             |
| Vitamins - on track with vitamins and supplements           |                             |                             |                             |                             |
| <b>Size and Shape</b>                                       |                             |                             |                             |                             |
| Clothing - overall fit too big, too small, no change        |                             |                             |                             |                             |
| Measurements - change +/-                                   |                             |                             |                             |                             |
| Weight  |                             |                             |                             |                             |
| <b>Emotional and Spiritual Health</b>                       |                             |                             |                             |                             |
| Did I work on the "mental stuff" this week?                 |                             |                             |                             |                             |
| Did I play this week?                                       |                             |                             |                             |                             |
| Did I pamper myself this week?                              |                             |                             |                             |                             |
| Wow moments, triumphs, goals acheived or milestones reached |                             |                             |                             |                             |
| Challenges to work on next week                             |                             |                             |                             |                             |
| <b>My Success Score</b>                                     |                             |                             |                             |                             |
| Notes   |                             |                             |                             |                             |