YOU	R WEEKL	Y PROGR	ESS	
Date		Day of Week		
Starting Weight	Current Weight		Goal Weight	
Weight difference from last week:				
If your weight is less than last week, to what Cutting out junk food? More exercise? Sym			g portions? Counting calories?	
If your weight is more than last week, why?				
What was the most difficult part of your ma	keover last week?			
How are your menopausal symptoms? How are you addressing your symptoms?	☐ the same	🗆 better 🗌	] worse	
What do you enjoy most about your exercis	e routine?			
What do you dislike about your exercise rou	ıtine?			

## [Charting Your Success]

What can you do to make your exercise program more successful or enjoyable?
Have you noticed a pattern in your eating habits that you need to change?
Where do you excel with your meal planning?
Where do you fall short in your meal planning?
What are your exercise and eating goals for the upcoming week?
Overall, how would you rate your emotional health this past week?
What beauty goals did you accomplish this week?

See the finish line at all times. Move forward knowing your end results.