

Short-Term Goals *(10 weeks from now)*

Goals	Achieved
Weight _____	Weight _____
Body Fat % _____	Body Fat % _____
BMI _____	BMI _____
Waist Circumference _____	Waist Circumference _____
Exercise mins./day _____	Exercise mins./day _____
Exercise days/week _____	Exercise days/week _____
Hours of sleep/night _____	Hours of sleep/night _____

Long-Term Goals *(1 year from now)*

Goals	Achieved
Weight _____	Weight _____
Body Fat % _____	Body Fat % _____
BMI _____	BMI _____
Waist Circumference _____	Waist Circumference _____
Exercise mins./day _____	Exercise mins./day _____
Exercise days/week _____	Exercise days/week _____
Hours of sleep/night _____	Hours of sleep/night _____

Week 1: Record Your Hours of Sleep & Exercise

	SUN	MON	TUES	WED	THURS	FRI	SAT
Hours of sleep per night							
Exercise minutes per day							