

Name:

Check in Date:

Please fill this out this form before you do any measures/weight.

Nutrition: Skipped a meal (did not eat) →Mark X

Changed a meal/ate off plan (not straight substitutions) →Mark 1

Date - _____

What fruits did you eat this week?

What vegetables did you eat this week?

Time/Day	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
1							
2							
3							
4							
5							
6							
Water Intake Total (in litres per day)							

Training:

Did you hit all your trainings including any prescribed cardio.

How are your lifts? Do you feel - stronger/more motivated etc?

For example – do you feel stronger/weaker, weight increases/decreases, repetition changes?

Mark the days of the week you TRAINED (X)

Sun	Mon	Tues	Wed	Thurs	Fri	Sat

Compliance Report (CR)

Date - _____

What fruits did you eat this week?

What vegetables did you eat this week?

Time/Day	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
1							
2							
3							
4							
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How are your lifts? Do you feel - stronger/more motivated etc?

For example – do you feel stronger/weaker, weight increases/decreases, repetition changes?

Mark the days of the week you TRAINED (X)

Sun	Mon	Tues	Wed	Thurs	Fri	Sat

Nutrition Reflection:

Are you hungry/full? When?

Anything you would like to change to your nutrition. What do you like?

How are you feeling physically?

How are your energies?

Training Reflection:

Is there anything you would like to mention about your training?

Any there perspectives that you feel are helping you in reaching your goals?

Are their any movements you are not familiar with or would like to change?

General Feedback:

How are your sleeping patterns?

Any aches or pains I should be aware of?

How is your digestion?

Any change in your medications?

Perspectives:

Is there anything else you would like to mention?

Anything in your everyday life that you notice that might be different?

For instance, clothes fitting better, healthier looking, bloated/less bloated, easier to move around in your daily life?

Any comments that were made that you would like to share?

Date						
Weight (lbs)						
Height (inches)						
Neck						
Shoulders Width						
Chest (Widest part)						
Upper Arm (Right or Left)						
Hip – Widest Part						
Natural Waist (inches)						
Waist (Level belly button)						
Middle Thigh Right (Middle of knee and hip)						
Calf (widest part)						