

HEALTH QUEST TRACKING FORM

Week of: _____

MON	TUES	WED	THURS	FRI	SAT	SUN
<u>Morning weigh-in</u> _____	<u>Morning weigh-in</u> _____	<u>Morning weigh-in</u> _____	<u>Morning weigh-in</u> _____	<u>Morning weigh-in</u> _____	<u>Morning weigh-in</u> _____	<u>Morning weigh-in</u> _____
<u>Fruits/Vegs</u>	<u>Fruits/Vegs</u>	<u>Fruits/Vegs</u>	<u>Fruits/Vegs</u>	<u>Fruits/Vegs</u>	<u>Fruits/Vegs</u>	<u>Fruits/Vegs</u>
1 _____ 2 _____ 3 _____ 4 _____ 5 _____	1 _____ 2 _____ 3 _____ 4 _____ 5 _____	1 _____ 2 _____ 3 _____ 4 _____ 5 _____	1 _____ 2 _____ 3 _____ 4 _____ 5 _____	1 _____ 2 _____ 3 _____ 4 _____ 5 _____	1 _____ 2 _____ 3 _____ 4 _____ 5 _____	1 _____ 2 _____ 3 _____ 4 _____ 5 _____
<u>Water</u> (No. of 8oz. servings)	<u>Water</u>	<u>Water</u>	<u>Water</u>	<u>Water</u>	<u>Water</u>	<u>Water</u>
1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8
<u>Exercise</u> _____ _____ _____	<u>Exercise</u> _____ _____ _____	<u>Exercise</u> _____ _____ _____	<u>Exercise</u> _____ _____ _____	<u>Exercise</u> _____ _____ _____	<u>Exercise</u> _____ _____ _____	<u>Exercise</u> _____ _____ _____
<u>Opportunities for Improvement</u> _____ _____	<u>Opportunities for Improvement</u> _____ _____	<u>Opportunities for Improvement</u> _____ _____	<u>Opportunities for Improvement</u> _____ _____	<u>Opportunities for Improvement</u> _____ _____	<u>Opportunities for Improvement</u> _____ _____	<u>Opportunities for Improvement</u> _____ _____