

Weekly Check-In

Question 1: How many cups of fruit did you have yesterday?

- 0
- 1
- 2
- 3
- 4
- 5
- 6 or more

Question 2: How many cups of vegetables did you have yesterday?

- 0
- 1
- 2
- 3
- 4
- 5
- 6 or more

Question 3: How many servings of junk foods did you have yesterday?

- 0
- 1
- 2
- 3
- 4
- 5
- 6 or more

Question 4: Think about your largest meal yesterday. How big was it?

- Small
- Medium
- Large
- Extra-large

Question 5: Did you stop before you were full?

- Yes
- No

Question 6: What kind of physical activity did you do?

Question 7: How many minutes were you physically active?

Question 8: Do you feel well rested?

Question 9 (optional): What is your current weight?