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?**