



CREATED BY GYMNASIUM

PROGRESS TRACKER

WEEK - 1

MEALS	MON	TUES	WED	THUR	FRI	SAT	SUN
BREAKFAST	<input type="checkbox"/> Taken <input type="checkbox"/> Missed	<input type="checkbox"/> Taken <input type="checkbox"/> Missed	<input type="checkbox"/> Taken <input type="checkbox"/> Missed	<input type="checkbox"/> Taken <input type="checkbox"/> Missed	<input type="checkbox"/> Taken <input type="checkbox"/> Missed	<input type="checkbox"/> Taken <input type="checkbox"/> Missed	<input type="checkbox"/> Taken <input type="checkbox"/> Missed
MID MORNING	<input type="checkbox"/> Taken <input type="checkbox"/> Missed	<input type="checkbox"/> Taken <input type="checkbox"/> Missed	<input type="checkbox"/> Taken <input type="checkbox"/> Missed	<input type="checkbox"/> Taken <input type="checkbox"/> Missed	<input type="checkbox"/> Taken <input type="checkbox"/> Missed	<input type="checkbox"/> Taken <input type="checkbox"/> Missed	<input type="checkbox"/> Taken <input type="checkbox"/> Missed
LUNCH	<input type="checkbox"/> Taken <input type="checkbox"/> Missed	<input type="checkbox"/> Taken <input type="checkbox"/> Missed	<input type="checkbox"/> Taken <input type="checkbox"/> Missed	<input type="checkbox"/> Taken <input type="checkbox"/> Missed	<input type="checkbox"/> Taken <input type="checkbox"/> Missed	<input type="checkbox"/> Taken <input type="checkbox"/> Missed	<input type="checkbox"/> Taken <input type="checkbox"/> Missed
WORKOUT	<input type="checkbox"/> Performed <input type="checkbox"/> Missed	<input type="checkbox"/> Performed <input type="checkbox"/> Missed	<input type="checkbox"/> Performed <input type="checkbox"/> Missed	<input type="checkbox"/> Performed <input type="checkbox"/> Missed	<input type="checkbox"/> Performed <input type="checkbox"/> Missed	<input type="checkbox"/> Performed <input type="checkbox"/> Missed	
POST W/O	<input type="checkbox"/> Taken <input type="checkbox"/> Missed	<input type="checkbox"/> Taken <input type="checkbox"/> Missed	<input type="checkbox"/> Taken <input type="checkbox"/> Missed	<input type="checkbox"/> Taken <input type="checkbox"/> Missed	<input type="checkbox"/> Taken <input type="checkbox"/> Missed	<input type="checkbox"/> Taken <input type="checkbox"/> Missed	
DINNER	<input type="checkbox"/> Taken <input type="checkbox"/> Missed	<input type="checkbox"/> Taken <input type="checkbox"/> Missed	<input type="checkbox"/> Taken <input type="checkbox"/> Missed	<input type="checkbox"/> Taken <input type="checkbox"/> Missed	<input type="checkbox"/> Taken <input type="checkbox"/> Missed	<input type="checkbox"/> Taken <input type="checkbox"/> Missed	<input type="checkbox"/> Taken <input type="checkbox"/> Missed
BEFORE BED	<input type="checkbox"/> Taken <input type="checkbox"/> Missed	<input type="checkbox"/> Taken <input type="checkbox"/> Missed	<input type="checkbox"/> Taken <input type="checkbox"/> Missed	<input type="checkbox"/> Taken <input type="checkbox"/> Missed	<input type="checkbox"/> Taken <input type="checkbox"/> Missed	<input type="checkbox"/> Taken <input type="checkbox"/> Missed	<input type="checkbox"/> Taken <input type="checkbox"/> Missed
If Missed Why?							
Rate Your Self 0 to 10 Bad - 0 Good - 10	____/10	____/10	____/10	____/10	____/10	____/10	____/10
Comment How Was Your Week							



TAKEN
MISSED

Guru Mann

MEASUREMENTS

0th WEEK MEASUREMENTS ||
1st WEEK MEASUREMENTS ||

Weight: _____
Weight: _____

Waist: _____
Waist: _____

Stomach: _____
Stomach: _____

Hip: _____
Hip: _____

Thigh: _____
Thigh: _____

Take Before & After Picture