



Weekly Progress Chart

Beginning of Week Weight: _____

It takes **just one minute** to check off your progress throughout the day. After your first three days and at the end of the week, add up your totals. Transfer your week-ending totals to the *Progress Summary* at the end of your *Support Guide* to see your progress.

Day/Date	Shakes/Cereal	Entrees	Benefit® Bars	Fruits & Vegetables	Met 3+2+5	"In the Box"	Physical Activity (PA)	Calories
_____ _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ____ Shakes/Cereal	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ____ Entrees	<input type="checkbox"/> <input type="checkbox"/> ____ Bars	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ____ Fruit/Veg	<input type="checkbox"/>	<input type="checkbox"/>	_____ PA	_____ Cals
_____ _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ____ Shakes/Cereal	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ____ Entrees	<input type="checkbox"/> <input type="checkbox"/> ____ Bars	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ____ Fruit/Veg	<input type="checkbox"/>	<input type="checkbox"/>	_____ PA	_____ Cals
_____ _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ____ Shakes/Cereal	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ____ Entrees	<input type="checkbox"/> <input type="checkbox"/> ____ Bars	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ____ Fruit/Veg	<input type="checkbox"/>	<input type="checkbox"/>	_____ PA	_____ Cals
3-Day Subtotal	____ Shakes/Cereal	____ Entrees	____ Bars	____ Fruit/Veg	____ Days	____ Days	_____ PA	_____ Cals
_____ _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ____ Shakes/Cereal	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ____ Entrees	<input type="checkbox"/> <input type="checkbox"/> ____ Bars	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ____ Fruit/Veg	<input type="checkbox"/>	<input type="checkbox"/>	_____ PA	_____ Cals
_____ _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ____ Shakes/Cereal	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ____ Entrees	<input type="checkbox"/> <input type="checkbox"/> ____ Bars	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ____ Fruit/Veg	<input type="checkbox"/>	<input type="checkbox"/>	_____ PA	_____ Cals
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_____ _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ____ Shakes/Cereal	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ____ Entrees	<input type="checkbox"/> <input type="checkbox"/> ____ Bars	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ____ Fruit/Veg	<input type="checkbox"/>	<input type="checkbox"/>	_____ PA	_____ Cals

See chart on back to calculate physical activity calories

TOTALS FOR THE WEEK

Goal:	At least 21	At least 14		At least 35	7 Days	7 Days	At least 2,000
Actual:	____ Shakes/Cereal	____ Entrees	____ Bars	____ Fruit/Veg	____ Days	____ Days	_____ PA Cals
							End of Week Weight: _____

For phone program only: Assignment Midweek Call



Estimate Your Physical Activity (PA):

Your weight in lbs.	Low intensity <i>(like gardening, housework)</i>	Medium intensity <i>(like walking, biking, tennis)</i>	High intensity <i>(like running, climbing stairs)</i>
100–125	1 cal/min	3 cal/min	7 cal/min
126–150	1 cal/min	5 cal/min	9 cal/min
151–200	2 cal/min	7 cal/min	11 cal/min
201–250	2 cal/min	8 cal/min	14 cal/min
251–300	3 cal/min	9 cal/min	16 cal/min
301–400	4 cal/min	10 cal/min	19 cal/min
Over 400	5 cal/min	11 cal/min	22 cal/min

The above calorie values are approximate and can vary depending on the intensity of the activity. Before beginning a physical activity program, you should consult your physician. At higher weights, high intensity activities are not recommended.

Example of how to calculate your physical activity:

A 210 lb. person did 2 bouts of medium intensity exercise

10 min. walk x 8 cal/min = 80 cals.

20 min. walk x 8 cal/min = 160 cals.

Total PA Cals = 240 cals.

Any physical activity you do will help you to reach the 2,000 calorie goal and beyond!

Plan a strong start to the week:

✓ Breakfast:

✓ Snack:

✓ Lunch:

✓ Snack:

✓ Dinner:

✓ Snack:

Physical Activity:

Goals for strong start day:

____ Shakes/Cereal ____ Entrees ____ Fruit/Veg _____ PA

Goals for week:

____ Shakes/Cereal ____ Entrees ____ Fruit/Veg _____ PA

Strategies to try: