



6 Week Program Goal Tracking Form

Description of your tracking

*must show at least **2 days a week** of tracking

Name: _____

Goal I'm Tracking: _____

Examples by track:

- Nutrition:** Log calories, servings of food, or fat grams, etc.
- Diabetes:** Track blood sugar and time of day
- Exercise:** Log activities and time of exercise, or use a sticker/color for exercise
- Smoking:** Number of cigarettes per day

Week 1 Start Date: _____

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

Week 2

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

Week 3

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

Week 4

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

Week 5

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

Week 6

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

When your 6 weeks of tracking is complete, please turn in to *It's Your Life* by June 30th to receive credit for your health education requirement.