



# SUCCESS★TRACKER

| DATE | 3 -<br>SELFIES           | CHEST | BICEP | UPPER<br>WAIST | LOWER<br>WAIST | HIPS | THIGHS | CALF | EXERCISE<br>Y or N? | HUNGER<br>LEVELS<br>1-10 | ENERGY<br>LEVELS<br>1-10 | CRAVINGS<br>LEVELS<br>1-10 | STRESS<br>LEVELS<br>1-10 | SLEEP<br>(HRS.) |
|------|--------------------------|-------|-------|----------------|----------------|------|--------|------|---------------------|--------------------------|--------------------------|----------------------------|--------------------------|-----------------|
| / /  | <input type="checkbox"/> | —     | —     | —              | —              | —    | —      | —    | —                   | —                        | —                        | —                          | —                        | —               |
| / /  | <input type="checkbox"/> | —     | —     | —              | —              | —    | —      | —    | —                   | —                        | —                        | —                          | —                        | —               |
| / /  | <input type="checkbox"/> | —     | —     | —              | —              | —    | —      | —    | —                   | —                        | —                        | —                          | —                        | —               |
| / /  | <input type="checkbox"/> | —     | —     | —              | —              | —    | —      | —    | —                   | —                        | —                        | —                          | —                        | —               |
| / /  | <input type="checkbox"/> | —     | —     | —              | —              | —    | —      | —    | —                   | —                        | —                        | —                          | —                        | —               |
| / /  | <input type="checkbox"/> | —     | —     | —              | —              | —    | —      | —    | —                   | —                        | —                        | —                          | —                        | —               |
| / /  | <input type="checkbox"/> | —     | —     | —              | —              | —    | —      | —    | —                   | —                        | —                        | —                          | —                        | —               |

## NOTES

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## WHAT I'M MOST PROUD OF

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## AREA TO FOCUS ON

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RATING SCALE: 1-2 - MILD; 3-7 MODERATE; 8-10 - STRONG