Weight Loss Chart

DID YOU EXERCISE? CHECK OFF IF YOU WORKED OUT.

Week	MON.	TUES.	WED.	THURS.	FRI.	SAT.	SUN.
1	☐	☐	☐	☐	☐	☐	☐
2	☐	☐	☐	☐	☐	☐	☐
3	☐	☐	☐	☐	☐	☐	☐
4	☐	☐	☐	☐	☐	☐	☐
5	☐	☐	☐	☐	☐	☐	☐
6	☐	☐	☐	☐	☐	☐	☐
7	☐	☐	☐	☐	☐	☐	☐
8	☐	☐	☐	☐	☐	☐	☐
9	☐	☐	☐	☐	☐	☐	☐
10	☐	☐	☐	☐	☐	☐	☐
12	☐	☐	☐	☐	☐	☐	☐