



# PROGRESS TRACKER

Guru Mann Fitness Inc.

## WEEK - 1

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



**TAKEN**  
**MISSED**

Guru Mann

## MEASUREMENTS

0<sup>th</sup> WEEK MEASUREMENTS || Weight: \_\_\_\_\_ Waist: \_\_\_\_\_ Stomach: \_\_\_\_\_ Hip: \_\_\_\_\_ Thigh: \_\_\_\_\_  
 1<sup>st</sup> WEEK MEASUREMENTS || Weight: \_\_\_\_\_ Waist: \_\_\_\_\_ Stomach: \_\_\_\_\_ Hip: \_\_\_\_\_ Thigh: \_\_\_\_\_

Guru Mann Fitness Inc.

**Take Before & After Picture**

PRINT IT OUT &amp; STICK IT TO THE WALL



# PROGRESS TRACKER

Guru Mann Fitness Inc.

## WEEK - 2

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



TAKEN  
MISSED

Guru Mann Fitness Inc.

## MEASUREMENTS

0<sup>th</sup> WEEK MEASUREMENTS || Weight: \_\_\_\_\_ Waist: \_\_\_\_\_ Stomach: \_\_\_\_\_ Hip: \_\_\_\_\_ Thigh: \_\_\_\_\_  
 2<sup>ND</sup> WEEK MEASUREMENTS || Weight: \_\_\_\_\_ Waist: \_\_\_\_\_ Stomach: \_\_\_\_\_ Hip: \_\_\_\_\_ Thigh: \_\_\_\_\_

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Take Before &amp; After Picture

PRINT IT OUT &amp; STICK IT TO THE WALL



# PROGRESS TRACKER

Guru Mann Fitness Inc.

## WEEK - 3

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



TAKEN  
MISSED

Guru Mann

## MEASUREMENTS

0<sup>th</sup> WEEK MEASUREMENTS ||  
3<sup>RD</sup> WEEK MEASUREMENTS ||

Weight: \_\_\_\_  
Weight: \_\_\_\_

Waist: \_\_\_\_  
Waist: \_\_\_\_

Stomach: \_\_\_\_  
Stomach: \_\_\_\_

Hip: \_\_\_\_  
Hip: \_\_\_\_

Thigh: \_\_\_\_  
Thigh: \_\_\_\_

Take Before & After Picture

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# PROGRESS TRACKER

Guru Mann Fitness Inc.

## WEEK - 4

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



TAKEN  
MISSED

Guru Mann Fitness Inc.

## MEASUREMENTS

0<sup>th</sup> WEEK MEASUREMENTS

|| Weight: \_\_\_\_\_

Waist: \_\_\_\_\_

Stomach: \_\_\_\_\_

Hip: \_\_\_\_\_

Thigh: \_\_\_\_\_

4<sup>th</sup> WEEK MEASUREMENTS

|| Weight: \_\_\_\_\_

Waist: \_\_\_\_\_

Stomach: \_\_\_\_\_

Hip: \_\_\_\_\_

Thigh: \_\_\_\_\_

Take Before &amp; After Picture

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PRINT IT OUT &amp; STICK IT TO THE WALL



# PROGRESS TRACKER

Guru Mann Fitness Inc.

## WEEK - 5

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



**TAKEN**  
**MISSED**

Guru Mann

### MEASUREMENTS

0<sup>th</sup> WEEK MEASUREMENTS || Weight: \_\_\_\_\_ Waist: \_\_\_\_\_ Stomach: \_\_\_\_\_ Hip: \_\_\_\_\_ Thigh: \_\_\_\_\_  
 5TH WEEK MEASUREMENTS || Weight: \_\_\_\_\_ Waist: \_\_\_\_\_ Stomach: \_\_\_\_\_ Hip: \_\_\_\_\_ Thigh: \_\_\_\_\_

**Take Before & After Picture**

Guru Mann Fitness Inc.

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# PROGRESS TRACKER

Guru Mann Fitness Inc.

## WEEK - 6

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



TAKEN  
MISSED

Guru Mann Fitness Inc.

## MEASUREMENTS

0<sup>th</sup> WEEK MEASUREMENTS

|| Weight: \_\_\_\_\_

Waist: \_\_\_\_\_

Stomach: \_\_\_\_\_

Hip: \_\_\_\_\_

Thigh: \_\_\_\_\_

6<sup>TH</sup> WEEK MEASUREMENTS

|| Weight: \_\_\_\_\_

Waist: \_\_\_\_\_

Stomach: \_\_\_\_\_

Hip: \_\_\_\_\_

Thigh: \_\_\_\_\_

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# PROGRESS TRACKER

Guru Mann Fitness Inc.

## WEEK - 7

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



TAKEN  
MISSED

Guru Mann

### MEASUREMENTS

0<sup>th</sup> WEEK MEASUREMENTS || Weight: \_\_\_\_\_ Waist: \_\_\_\_\_ Stomach: \_\_\_\_\_ Hip: \_\_\_\_\_ Thigh: \_\_\_\_\_  
 7<sup>th</sup> WEEK MEASUREMENTS || Weight: \_\_\_\_\_ Waist: \_\_\_\_\_ Stomach: \_\_\_\_\_ Hip: \_\_\_\_\_ Thigh: \_\_\_\_\_

Take Before & After Picture

Guru Mann Fitness Inc.

PRINT IT OUT &amp; STICK IT TO THE WALL



# PROGRESS TRACKER

Guru Mann Fitness Inc.

## WEEK - 8

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



TAKEN  
MISSED

Guru Mann Fitness Inc.

## MEASUREMENTS

0<sup>th</sup> WEEK MEASUREMENTS

|| Weight: \_\_\_\_\_

Waist: \_\_\_\_\_

Stomach: \_\_\_\_\_

Hip: \_\_\_\_\_

Thigh: \_\_\_\_\_

8<sup>th</sup> WEEK MEASUREMENTS

|| Weight: \_\_\_\_\_

Waist: \_\_\_\_\_

Stomach: \_\_\_\_\_

Hip: \_\_\_\_\_

Thigh: \_\_\_\_\_

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# PROGRESS TRACKER

Guru Mann Fitness Inc.

## WEEK - 9

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



**TAKEN**  
**MISSED**

Guru Mann

### MEASUREMENTS

0<sup>th</sup> WEEK MEASUREMENTS || Weight: \_\_\_\_\_ Waist: \_\_\_\_\_ Stomach: \_\_\_\_\_ Hip: \_\_\_\_\_ Thigh: \_\_\_\_\_  
 9<sup>th</sup> WEEK MEASUREMENTS || Weight: \_\_\_\_\_ Waist: \_\_\_\_\_ Stomach: \_\_\_\_\_ Hip: \_\_\_\_\_ Thigh: \_\_\_\_\_

**Take Before & After Picture**

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# PROGRESS TRACKER

Guru Mann Fitness Inc.

## WEEK - 10

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



TAKEN  
MISSED

Guru Mann Fitness Inc.

## MEASUREMENTS

0<sup>th</sup> WEEK MEASUREMENTS || Weight: \_\_\_\_\_ Waist: \_\_\_\_\_ Stomach: \_\_\_\_\_ Hip: \_\_\_\_\_ Thigh: \_\_\_\_\_  
 10<sup>th</sup> WEEK MEASUREMENTS || Weight: \_\_\_\_\_ Waist: \_\_\_\_\_ Stomach: \_\_\_\_\_ Hip: \_\_\_\_\_ Thigh: \_\_\_\_\_

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