

Date: \_\_\_\_\_

# 5 & 1 Daily Success Tracker

Beginning of Week Weight: \_\_\_\_\_

End of Week Weight: \_\_\_\_\_

## Medifast Meals

(write time of meal in each box)

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Optional Snack

Lean and  
Green Meal

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## Glasses of Water



### EXERCISE PLAN:

Stretching \_\_\_\_\_  
Cardio \_\_\_\_\_  
Strength training \_\_\_\_\_  
Walking \_\_\_\_\_  
Other \_\_\_\_\_



### EXERCISE ACTUAL:

Stretching \_\_\_\_\_  
Cardio \_\_\_\_\_  
Strength training \_\_\_\_\_  
Walking \_\_\_\_\_  
Other \_\_\_\_\_

How I felt today/Notes to myself: \_\_\_\_\_

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