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Progress Evaluation

Name _				Date		
to evaluation to evaluate to evaluate the total	uate your pro your lifestyle e yourself, it	gress, celebrate transformation allows you to of	part of any lifestyl your successes, ar journey. Not only fer feedback to yo	d look toward does this prog our personal tra	the future will gress report hel iner, if you hav	go a long p you /e one.
		Bod	y Fat Percentage		Weight	
Measu	rements:					
	Bust	Waist	Hips	Thigh	Arm	
			inches lost in	v	veeks.	
1)	What success do you feel you are having with this program? What have you learned? What is the most important lifestyle change you have made so far?					learned?
2)	What is not v	working or what	would you like to	see improve?		
3) I	Describe your	typical daily di	et (food intake):			
	Breakfast					

Snack	
Lunch	
Snack	
Dinner	
Snack	
Dessert	
Other	
If yes, how so 5) On a scale overall appea	noticed an improvement in your food intake since beginning the program?
6) What new	discoveries have you made about yourself?
7) What are y	ou hoping to discover in the near future?
	of 1 to 10, with 1 being the lowest and 10 being the highest, how would you gress in the following categories thus far:
	Lose fat c. Strengthen muscle

What areas would you like to work on more?

9) Step back and take a look at your progress objectively (as if you were not you). On a scale of 1 to 10, with 1 being the lowest and 10 being the highest, how would you rate your efforts and performance as a fitness student?

10) Using the same scale, rate your trainer's performance as a weight loss coach/ fitness trainer.

11) Are your expectations of working with a trainer currently being met?

What would make your experience of working with a trainer more successful?

12) Do you have any other questions, comments and/or concerns you would like to share?

Let us know how you're doing. Follow and tag us on Twitter, @TweetmentPlan for questions, comments and progress photos!