

Weekly check-in form

Filled in by the client every week, on the same day, after waking up.

Client: _____ Week no.: _____ Date: _____

Weight and measurements

Measure	This week	Last week	Change
Weight (kg)			
Waist (cm)			
Hips (cm)			
Chest (cm)			
Arm (cm)			
Thigh (cm)			

Same conditions every time: after waking up, before eating, at the same place on the body.

Photos

☐ Front ☐ Side ☐ Back

Same light, same distance, same clothes. Tick when the photo is taken.

The week, from 1 to 10

Sleep	☐	☐	☐	☐	☐	☐	☐	☐	☐
	1	2	3	4	5	6	7	8	10
Hunger	☐	☐	☐	☐	☐	☐	☐	☐	☐
	1	2	3	4	5	6	7	8	10
Energy	☐	☐	☐	☐	☐	☐	☐	☐	☐
	1	2	3	4	5	6	7	8	10
Stress	☐	☐	☐	☐	☐	☐	☐	☐	☐
	1	2	3	4	5	6	7	8	10
Diet followed	☐	☐	☐	☐	☐	☐	☐	☐	☐
	1	2	3	4	5	6	7	8	10
Sessions done	☐	☐	☐	☐	☐	☐	☐	☐	☐
	1	2	3	4	5	6	7	8	10
Overall feeling	☐	☐	☐	☐	☐	☐	☐	☐	☐
	1	2	3	4	5	6	7	8	10

In a few words

What went well:

What was hard:

Question for the coach:
