

# Weekly Progress Tracker

**MEASUREMENTS** Date \_\_\_\_\_ Weight \_\_\_\_\_ lbs. Chest \_\_\_\_\_ in. Waist \_\_\_\_\_ in. Hips \_\_\_\_\_ in.

|                 |               |                |                  |                 |               |                 |               |
|-----------------|---------------|----------------|------------------|-----------------|---------------|-----------------|---------------|
| <b>EXERCISE</b> | <b>MONDAY</b> | <b>TUESDAY</b> | <b>WEDNESDAY</b> | <b>THURSDAY</b> | <b>FRIDAY</b> | <b>SATURDAY</b> | <b>SUNDAY</b> |
|                 |               |                |                  |                 |               |                 |               |

|                              |   |   |   |   |   |   |   |
|------------------------------|---|---|---|---|---|---|---|
| <b>MEALS AND SUPPLEMENTS</b> | <b>SUPPLEMENTS</b><br>Vi-pak® AM <input type="checkbox"/> PM <input type="checkbox"/><br>Vi-Slim® #1 <input type="checkbox"/> #2 <input type="checkbox"/><br>Vi-Trim® <input type="checkbox"/><br>NEURO™ #1 <input type="checkbox"/> #2 <input type="checkbox"/><br>Health Flavor #1 <input type="checkbox"/> #2 <input type="checkbox"/> | <b>SUPPLEMENTS</b><br>Vi-pak® AM <input type="checkbox"/> PM <input type="checkbox"/><br>Vi-Slim® #1 <input type="checkbox"/> #2 <input type="checkbox"/><br>Vi-Trim® <input type="checkbox"/><br>NEURO™ #1 <input type="checkbox"/> #2 <input type="checkbox"/><br>Health Flavor #1 <input type="checkbox"/> #2 <input type="checkbox"/> | <b>SUPPLEMENTS</b><br>Vi-pak® AM <input type="checkbox"/> PM <input type="checkbox"/><br>Vi-Slim® #1 <input type="checkbox"/> #2 <input type="checkbox"/><br>Vi-Trim® <input type="checkbox"/><br>NEURO™ #1 <input type="checkbox"/> #2 <input type="checkbox"/><br>Health Flavor #1 <input type="checkbox"/> #2 <input type="checkbox"/> | <b>SUPPLEMENTS</b><br>Vi-pak® AM <input type="checkbox"/> PM <input type="checkbox"/><br>Vi-Slim® #1 <input type="checkbox"/> #2 <input type="checkbox"/><br>Vi-Trim® <input type="checkbox"/><br>NEURO™ #1 <input type="checkbox"/> #2 <input type="checkbox"/><br>Health Flavor #1 <input type="checkbox"/> #2 <input type="checkbox"/> | <b>SUPPLEMENTS</b><br>Vi-pak® AM <input type="checkbox"/> PM <input type="checkbox"/><br>Vi-Slim® #1 <input type="checkbox"/> #2 <input type="checkbox"/><br>Vi-Trim® <input type="checkbox"/><br>NEURO™ #1 <input type="checkbox"/> #2 <input type="checkbox"/><br>Health Flavor #1 <input type="checkbox"/> #2 <input type="checkbox"/> | <b>SUPPLEMENTS</b><br>Vi-pak® AM <input type="checkbox"/> PM <input type="checkbox"/><br>Vi-Slim® #1 <input type="checkbox"/> #2 <input type="checkbox"/><br>Vi-Trim® <input type="checkbox"/><br>NEURO™ #1 <input type="checkbox"/> #2 <input type="checkbox"/><br>Health Flavor #1 <input type="checkbox"/> #2 <input type="checkbox"/> | <b>SUPPLEMENTS</b><br>Vi-pak® AM <input type="checkbox"/> PM <input type="checkbox"/><br>Vi-Slim® #1 <input type="checkbox"/> #2 <input type="checkbox"/><br>Vi-Trim® <input type="checkbox"/><br>NEURO™ #1 <input type="checkbox"/> #2 <input type="checkbox"/><br>Health Flavor #1 <input type="checkbox"/> #2 <input type="checkbox"/> |
|                              | <b>MEALS</b><br><b>Vi-Shape® Shake #1</b><br>Milk <input type="checkbox"/> Water <input type="checkbox"/> Fruit <input type="checkbox"/><br>Other _____<br><b>Snack</b><br>_____<br>_____   | <b>MEALS</b><br><b>Vi-Shape® Shake #1</b><br>Milk <input type="checkbox"/> Water <input type="checkbox"/> Fruit <input type="checkbox"/><br>Other _____<br><b>Snack</b><br>_____<br>_____   | <b>MEALS</b><br><b>Vi-Shape® Shake #1</b><br>Milk <input type="checkbox"/> Water <input type="checkbox"/> Fruit <input type="checkbox"/><br>Other _____<br><b>Snack</b><br>_____<br>_____   | <b>MEALS</b><br><b>Vi-Shape® Shake #1</b><br>Milk <input type="checkbox"/> Water <input type="checkbox"/> Fruit <input type="checkbox"/><br>Other _____<br><b>Snack</b><br>_____<br>_____   | <b>MEALS</b><br><b>Vi-Shape® Shake #1</b><br>Milk <input type="checkbox"/> Water <input type="checkbox"/> Fruit <input type="checkbox"/><br>Other _____<br><b>Snack</b><br>_____<br>_____   | <b>MEALS</b><br><b>Vi-Shape® Shake #1</b><br>Milk <input type="checkbox"/> Water <input type="checkbox"/> Fruit <input type="checkbox"/><br>Other _____<br><b>Snack</b><br>_____<br>_____   | <b>MEALS</b><br><b>Vi-Shape® Shake #1</b><br>Milk <input type="checkbox"/> Water <input type="checkbox"/> Fruit <input type="checkbox"/><br>Other _____<br><b>Snack</b><br>_____<br>_____   |
|                              | <b>Vi-Shape® Shake #2</b><br>Milk <input type="checkbox"/> Water <input type="checkbox"/> Fruit <input type="checkbox"/><br>Other _____<br><b>Snack</b><br>_____<br>_____   | <b>Vi-Shape® Shake #2</b><br>Milk <input type="checkbox"/> Water <input type="checkbox"/> Fruit <input type="checkbox"/><br>Other _____<br><b>Snack</b><br>_____<br>_____   | <b>Vi-Shape® Shake #2</b><br>Milk <input type="checkbox"/> Water <input type="checkbox"/> Fruit <input type="checkbox"/><br>Other _____<br><b>Snack</b><br>_____<br>_____   | <b>Vi-Shape® Shake #2</b><br>Milk <input type="checkbox"/> Water <input type="checkbox"/> Fruit <input type="checkbox"/><br>Other _____<br><b>Snack</b><br>_____<br>_____   | <b>Vi-Shape® Shake #2</b><br>Milk <input type="checkbox"/> Water <input type="checkbox"/> Fruit <input type="checkbox"/><br>Other _____<br><b>Snack</b><br>_____<br>_____   | <b>Vi-Shape® Shake #2</b><br>Milk <input type="checkbox"/> Water <input type="checkbox"/> Fruit <input type="checkbox"/><br>Other _____<br><b>Snack</b><br>_____<br>_____   | <b>Vi-Shape® Shake #2</b><br>Milk <input type="checkbox"/> Water <input type="checkbox"/> Fruit <input type="checkbox"/><br>Other _____<br><b>Snack</b><br>_____<br>_____   |
|                              | <b>Sensible Meal</b><br>_____<br>_____<br>_____   | <b>Sensible Meal</b><br>_____<br>_____<br>_____   | <b>Sensible Meal</b><br>_____<br>_____<br>_____   | <b>Sensible Meal</b><br>_____<br>_____<br>_____   | <b>Sensible Meal</b><br>_____<br>_____<br>_____   | <b>Sensible Meal</b><br>_____<br>_____<br>_____   | <b>Sensible Meal</b><br>_____<br>_____<br>_____   |