



6-Day Healthy Eating Challenge Checklist

Date: _____

Day 1:

Did you measure 2 meals? _____ Yes _____ No

Day 2:

Did you keep a food diary for one day? _____ Yes _____ No

Day 3:

Did you eat one meal with no distractions? _____ Yes _____ No

Day 4:

Did you plan one day's worth of meals? _____ Yes _____ No

Day 5:

Did you eat at least 3 servings of veggies? _____ Yes _____ No

Day 6:

Did you choose one challenge to try? _____ Yes _____ No

Notes: _____

