

**DETOX CHALLENGE Weekly Check-In Form** DATE: \_\_\_\_\_

<b>Day</b>	<b>Calories Eaten</b>	<b>Protein Consumed (g)</b>	<b>Steps Walked</b>	<b>Water Consumed (oz)</b>	<b>Weight Workout (Yes/No)</b>	<b>Food or Steps or Work out Picture Submitted</b>
<b>Monday</b>						
<b>Tuesday</b>						
<b>Wednesday</b>						
<b>Thursday</b>						
<b>Friday</b>						
<b>Saturday</b>						
<b>Sunday</b>						