



Name:

Date:

WEEKLY SELF-EVALUATION

Please have this form completed each week prior to meeting with your health educator.

Check box of the response that applies for the week

	Great	Good	Can Be Better
Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planning Ahead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Portion Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ate Every 3-4 Hr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Record any events or situations you found to be challenging this week:

- 1.
- 2.
- 3.

Record the positive steps you made this week:

- 1.
- 2.
- 3.

How would you rate your week on a scale from 1-10 (10 is fantastic)?

What events/challenges do you have coming up this week?

- 1.
- 2.
- 3.

Next week's goals: