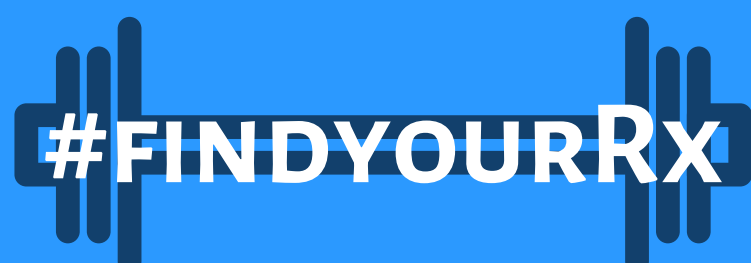




CROSSFIT
PETOSKEY

FEEDBACK CHART

WELLNESS CHALLENGE



CROSSFIT
PETOSKEY



INTRO

THE GOAL OVER THE NEXT 4-6 WEEKS IS TO HAVE A REAL IMPACT ON PEOPLE'S LIVES.

NO MATTER WHAT YOUR GOALS ARE...

LOSING FAT

ESTABLISHING NEW HABITS FOR A HEALTHY LIFESTYLE

PERFORMING AT YOUR HIGHEST LEVEL

BUILDING MUSCLE

TRACKING YOUR DAILY ACTIVITIES CAN GIVE GREAT INSIGHT ON WHAT CHANGES NEEDED TO BE MADE, WHAT THINGS ARE WORKING, AND TO SEE HOW THE COMMUNITY CAN HELP YOU IMPROVE ON CERTAIN PRIORITY AREAS.

FEEL FREE TO USE SOME OR ALL OF THE TRACKING RESOURCES BELOW AND REACH OUT FOR GUIDANCE FROM YOUR TEAMS AND COACHES.



SLEEP

AIM TO GET OVER 7 HOURS OF SLEEP A NIGHT. IF YOU'RE ABLE TO GET 7 HOURS OF UNINTERRUPTED SLEEP, GIVE YOURSELF A CHECK.

MEALS

YOUR GOAL IS TO HAVE AT LEAST 3 BALANCED MEALS A DAY FROM THE NUTRITION GUIDELINES THAT ARE PROVIDED AND CATERED FOR YOUR GOALS.

WATER

PROVIDED IS A WATER CHECKLIST. YOU DON'T HAVE TO USE IT, BUT GIVE YOURSELF A CHECK IF YOU ARE CONSUMING AT LEAST EIGHT SERVINGS OF WATER A DAY.

WORKOUT

WORKOUTS ARE PROVIDED DAILY. YOU DO NOT HAVE TO FOLLOW THEM RELIGIOUSLY, BUT IT IS RECOMMENDED THAT YOU AT LEAST CONTINUE TO BUILD STRENGTH DURING THIS TIME. CHECK THE BOX IF YOU PERFORMED AT LEAST A HALF-HOUR OF EXERCISE. IF YOU PLAN TO HAVE A RECOVERY DAY, CHECK THE BOX IF YOU PARTAKE IN A NICE WALK SPEND EXTRA TIME WITH MAINTENANCE.

STRETCH

SPEND AT LEAST 15 MINUTES STRETCHING AND WORKING ON PRIORITY MOBILIZATIONS. TIME WILL MAKE A DIFFERENCE!

OUTDOORS

WE CAN'T STRESS ENOUGH THE IMPORTANCE OF BREATHING FRESH AIR AND SOAKING UP SUNSHINE, SPEND AT LEAST TWENTY MINUTES OUTSIDE DAILY.

**ENERGY
MOOD**

THIS CATEGORY COVERS A LOT, BUT RATE YOURSELF FROM 1-5 (1 BEING POOR, AND 5 BEING EXCELLENT) ON YOUR MOTIVATION, ENERGY, AND MOOD FOR THE MAJORITY OF THE DAY.





	SLEEP	MEALS	WATER	WORKOUT	STRETCH	OUTDOOR	ENERGY MOOD
MONDAY	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 2 3 4 5
TUESDAY	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 2 3 4 5
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DATE	TIME	WEIGHT	DATE	TIME	WEIGHT

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