



Program
Designer and Coach:
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WEEK 1 Follow-up DATE: _____

OVERALL Recap: _____

Weight Lost in lbs: _____

YOUR WEEK 1 Follow-up

Following your first week, please Print and Complete (by hand). Then, drop off or email photos of the completed pages to your Health Coach. *(If you prefer, upon request, an email of this questionnaire can be emailed to you instead)*

1. In general, how are you **doing** with the cleanse? *(check all that apply)*

Here's where it's not going all that well:

- ☐ I don't like the shakes
- ☐ I don't like the spark
- ☐ I don't like the fiber drink
- ☐ I don't like the STAGE 1 food options
- ☐ I just can't get the timing of the meals/snacks down

Here's where it's going pretty well:

- ☐ I like the shakes
- ☐ I like the spark
- ☐ I like the fiber drink
- ☐ I like the STAGE 1 food options
- ☐ I've got the timing of the meals/snacks down

I'd also like to share (add more info about how you are doing on the cleanse):

2. In general, how are you **feeling** on the cleanse?

*(please describe how you are **feeling** for example, happy with progress, full, hungry, low energy, high energy, bloated, "lighter," etc.)*

3. In general, describe what your typical day has looked like so far:

What time do you WAKE:

What time do you do your SPARK (1/2 or full):

What time do you do your Probiotic morning pills:

What time do you do your Fiber Drink:

What time do you do your Shake (1/2 or full?):

What time do you do a morning snack:

What are you eating for your snacks:

What time do you do lunch:

What are you eating for your lunch:

Are you doing ½ Spark before mid-day snack, if so what time:

What time do you do a mid-day snack:

What are you eating for your snacks:

What time do you do supper:

What are you eating for supper:

What time do you do an evening snack:

What are you eating for your snacks:

What time do you have your evening water:

What time do you go to bed:

4. What are your “GO TO” Foods during the cleanse??

- | | |
|-----------|-----------|
| 1. _____ | 11. _____ |
| 2. _____ | 12. _____ |
| 3. _____ | 13. _____ |
| 4. _____ | 14. _____ |
| 5. _____ | 15. _____ |
| 6. _____ | 16. _____ |
| 7. _____ | 17. _____ |
| 8. _____ | 18. _____ |
| 9. _____ | 19. _____ |
| 10. _____ | 20. _____ |

5. What foods are you “missing” or still craving that you can not have during STAGE1?

6. How have you been doing with the “STAGE1 Success Strategies”

Are you Eating more?

Are you Drinking more H2O?

Are you Walking more?

Are you Sleeping more?

7. What have we missed that you'd like your Health Coach to know?

THANK YOU for SHARING!!