

PROGRESS TRACKER



Martin Brady

Strength Coach

NUTRITION CHECKLIST

Martin Brady

Strength Coach

NAME:

DATE: (DD/MM/YYYY)

QUESTION	RESPONSE (Y/N)	ACTION STEPS
ARE YOU PLANNING YOUR FOOD FOR EACH DAY ?		
ARE YOU MAKING AN EFFORT TO TRACK CALORIES?		
ARE YOU CONCIOUS OF PROTEIN CONSUMPTION?		
ARE YOU EATING VEGETABLES EVERY DAY?		
ARE YOU EATING ATLEAST 1 PORTION OF FRUIT?		
ARE YOU DRINKING ENOUGH WATER DAILY ?		
ARE YOU MAKING A CONCIOUS EFFORT TO AVOID JUNK?		
ARE YOU USING 1 CAL COOKING OIL SPRAYS ?		
ARE YOU AVOIDING FIZZY DRINKS?		
ARE YOU SEEING CHANGES AROUND YOUR NUTRITION HABITS?		
HAVE YOU WATCHED THE NUTRITION SECTION ON THE APP?		
DO YOU NEED HELP WITH ANY AREAS OF NUTRITION ?		

TRAINING CHECKLIST

Martin Brady

Strength Coach

NAME:

DATE: (DD/MM/YYYY)

QUESTION	RESPONSE (Y/N)	ACTION STEPS
ARE YOU TRACKING YOUR WORKOUTS EACH DAY ?		
ARE YOU PRACTICING AND IMPROVING TECHNIQUE EACH SESSION?		
ARE YOU FOCUSED ON THE CONTROL OF THE WEIGHTS AND NOT JUST MOVING WEIGHTS?		
DO YOU UNDERSTAND THE MUSCLES YOU ARE WORKING?		
ARE YOU SEEING PROGRESS FROM YOUR WORKOUTS?		
ARE YOU GOING INTO EACH SESSION HYDRATED ?		
ARE YOU RECORDING ANY OF YOUR TECHNIQUE FOR CRITIC ?		
ARE YOU EATING A HIGH PROTEIN MEAL WITHIN AN HOUR AFTER TRAINING ?		
ARE YOU TRYING NEW THINGS, LIKE CARDIO ETC ?		
ARE YOU MAKING TRAINING ENJOYABLE WITH UPBEAT MUSIC ETC?		
DO YOU STREUGGLE FOR MOTIVATION TO TRAIN?		
WHAT AREAS WOULD YOU LIKE TO SEE THE BIGGEST CHANGES?		

LIFESTYLE CHECKLIST

Martin Brady

Strength Coach

NAME:

DATE: (DD/MM/YYYY)

QUESTION	RESPONSE (Y/N)	ACTION STEPS
ARE YOU PLANNING EACH DAY ?		
ARE YOU PLANNING GOALS FOR EACH WEEK?		
ARE YOU REGULARLY ASSESSING YOUR HABITS?		
ARE YOU TRYING TO HIT 10,000 STEPS EACH DAY?		
ARE YOU SEEING PROGRESS FROM YOUR WORKOUTS?		
ARE YOU GOING INTO EACH SESSION HYDRATED ?		
ARE YOU TAKING TIME FOR YOURSELF EACH DAY ?		
ARE YOU SPENDING TOO MUCH TIME ON YOUR PHONE ?		
ARE YOU SLEEPING IN A COOL ENVIRNMENT ?		
DO YOU HAVE A SLEEP OR BEFORE BEDTIME ROUTINE?		
DO YOU STREUGGLE TO GET TO SLEEP?		
ARE YOU HAPPY WITH YOUR ENERGY LEVELS DAILY?		
ARE YOU CARRYING THE SAME OLD BAGGAGE FROM WEEK - WEEK?		

IMPLEMENTATION CHECKLIST

Martin Brady

Strength Coach

NAME:

DATE: (DD/MM/YYYY)

QUESTION	RESPONSE (Y/N)	ACTION STEPS
ARE YOU QUICK TO ASK FOR HELP IF YOU STRUGGLE?		
HAVE YOU BEEN SLACK WITH CHECK INS,PHOTOS AND ASKING FOR HELP?		
HAVE YOU WORKED AT THE BIGGEST HABITS THAT PREVIOUSLY HELD YOU BACK?		
ARE YOU LOGGING ALL WORKOUTS TO THE APP?		
ARE YOU COMFORTABLE USING MYFITNESSPAL TO TRACK FOOD?		
ARE YOU USING THE VIDEOS IN THE COACHING APP TO LEARN MORE?		
ARE YOUR STANDARDS MUCH HIGHER THAN THEY PREVIOUSLY WERE BEFORE?		
ARE YOU MAXIMISING THE RESOURCES OF THE PRGRAMME? OR DO YOU FEEL YOU NEED TO		
WHAT AREAS COULD YOU IMPLEMENT BETTER?		
ARE YOU TRACKING STEPS , OR YOUR DAILY ACTIVITY LEVELS?		
DO YOU JOURNAL OR TRACK GENERAL WELLBEING FOR REFLECTION FURTHER DOWN THE ROAD?		
ARE YOU MORE ACCOUNTABLE TO YOURSELF THAN YOU PREVIOUSLY HAVE BEEN?		
WHATS MOTIVATING YOU RIGHT NOW TO MAKE CHANGES?		

MINDSET CHECKLIST

Martin Brady

Strength Coach

NAME:

DATE: (DD/MM/YYYY)

QUESTION	RESPONSE (Y/N)	ACTION STEPS
HAS YOUR MINDSET SHIFTED DURING THE PROGRAMME?		
IF YES, IN WHAT AREAS?		
ARE YOU PRIORTISING YOURSELF MORE?		
DO YOU BELIEVE IN YOURSELF MORE?		
HAS YOUR CONFIDENCE IMPROVED? IF YES IN WHAT AREAS?		
ARE YOU STILL HESITATING TO DO CERTAIN THINGS THAT YOU WANT TO DO?		
ARE YOU CELEBRATING YOUR WINS AND SUCCESSES ALONG THE WAY ?		
DO YOU VALUE WORKING ON YOURSELF MORE SINCE STARTING THIS PLAN?		
HAVE YOU GOT THE MINDSET TO PROGRESS FUTHER BEYOND YOUR CURRENT GOAL?		
WHAT DO YOU THINK COULD HOLD YOU BACK ?		
WHAT DO YOU THINK I COULD HELP WITH THE MOST ?		
LIST 3 THINGS YOU ARE MOST PROUD OF RIGHT NOW ? (THAT YOU HAVE DONE)		