

Habit Checklist

Do you include a lean protein source at every meal?	Y	N
Do you eat at least 5 servings of vegetables a day?	Y	N
Do you drink at least 100 oz of purified water a day and avoid calorie-containing beverages such as soda/pop, sweetened teas, or coffees and juices every day?	Y	N
Do you eat less than 2 servings of refined grains, sugary foods or processed foods a day?	Y	N
Do you avoid feeling 'stuffed' or overly full after eating?	Y	N
Do you currently take a fish oil supplement?	Y	N
Do you perform strength training or weight lifting at least 3 times a week?	Y	N
Do you perform cardio for 30 minutes at least 3 days a week?	Y	N
Do you exercise for more than 3 hours per week?	Y	N
Do you consume less than 4 alcoholic beverages a week?	Y	N
Do you get at least 7 hours of good sleep a night?	Y	N
Do you eat at restaurants or order takeout less than 3 times per week?	Y	N

Rate your stress level, on average, using a 1-10 scale (10 being the highest):

List current situations where you currently find it difficult or that you might find it difficult to stick to your nutritional plan.

Do you currently feel that you have trigger foods that cause you to overeat? List them.

What do you feel is the #1 thing keeping you from reaching your fat loss goals?

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8 WEEK TRANSFORMATION

During your transformation programs, we suggest you use the above sheet to make issues with your current eating habits very obvious. It also helps you dictate what habits might be most important and easiest to change.

The first set of yes or no questions are the Tier 1 questions that you need be asking yourself, and these are the habits that you need to be instilling in yourself for their long-term success. If you answer no to any of these questions, it is a red flag to you to correct those habits first.

Use the Habit Tracking forms to correct these and hold yourself accountable.

If portion control is an issue, start taking pictures of your meals and post them on social media! This simple trick will help make sure you are accountable for the food you are eating and don't lean towards over eating. There is a cool app called Snap Meal that will track things for you.

The final three questions are used to identify personal situations and obstacles that need to be addressed. This includes predicting social situation triggers and events in the future that would throw you off your plan, food triggers so that you know when to avoid those voids, and identifying the thing you think is holding you back the most.

This is just a starting point, and adjustments need to be made based on your progress.

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8 WEEK TRANSFORMATION

Habit Change Worksheet

Habit Implementation Checklist

- What is the biggest obstacle for you?
- What habit is the first and easiest to implement that will get you the desired result?
- How confident are you that you can master this habit? (Goal of 8-10)
- What might keep you from being successful? How can you overcome that?

Example Habit Changes

- ☐ Drink "X" glasses of water each day
- ☐ Go to bed 30 minutes earlier each night
- ☐ Create a pre-bed ritual
- ☐ Take a multivitamin and fish oil daily
- ☐ Take a probiotic daily for at least 30 days
- ☐ Eat 1 serving of vegetables at each meal
- ☐ Eat 1 serving of protein at each meal
- ☐ Complete 3 hours of training/workouts each week
- ☐ Complete 5 hours of training/workouts each week
- ☐ Go for a 30-minute walk each day
- ☐ Replace 1 serving of starchy carbs with a fruit at each meal
- ☐ Eat to 80% full
- ☐ Take 20-30 minutes to eat each meal
- ☐ Eat off smaller plates for lunch and dinner
- ☐ Only eat starchy carbohydrates post workout
- ☐ Reduce alcohol intake to 2-3 drinks per week
- ☐ Add 5 minutes of meditation daily

The goal should be to complete 80-90% success with the habit before moving on to a new habit. There are habits not listed that may be appropriate for you depending on your biggest limiting factors.

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8 WEEK TRANSFORMATION

Weekly Habit Compliance Worksheet Week 1

Goal: _____

Date: _____

Habit	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

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8 WEEK TRANSFORMATION

Weekly Habit Compliance Worksheet Week 2

Goal: _____

Date: _____

Habit	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

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8 WEEK TRANSFORMATION

Weekly Habit Compliance Worksheet Week 3

Goal: _____

Date: _____

Habit	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

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8 WEEK TRANSFORMATION

Weekly Habit Compliance Worksheet Week 4

Goal: _____

Date: _____

Habit	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

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8 WEEK TRANSFORMATION

Weekly Habit Compliance Worksheet Week 5

Goal: _____

Date: _____

Habit	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

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8 WEEK TRANSFORMATION

Weekly Habit Compliance Worksheet Week 6

Goal: _____

Date: _____

Habit	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

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8 WEEK TRANSFORMATION

Weekly Habit Compliance Worksheet Week 7

Goal: _____

Date: _____

Habit	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

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8 WEEK TRANSFORMATION

Weekly Habit Compliance Worksheet Week 8

Goal: _____

Date: _____

Habit	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

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