

3-Day Trial Progress Tracker

Weekly Tracking: Week of _____ Week (#) ____ of (#) _____ Week Plan

Circle Your Plan: 3/WEEK 5/WEEK 10/WEEK Goal: 10 Trial Packs=5 New Clients=1 New Member

Name:	Day 0	Day 1	Day 2	Day 3	Day 4	Results
1. _____	Day/Date: Mini-Profile <input type="checkbox"/> SM Shout-out <input type="checkbox"/>	Day/Date: Text Follow Up <input type="checkbox"/> Referral Reminder <input type="checkbox"/>	Day/Date: Text Follow Up <input type="checkbox"/>	Day/Date: Text Follow Up <input type="checkbox"/>	Day/Date: Results Post <input type="checkbox"/> Final Weigh In <input type="checkbox"/>	New Member <input type="checkbox"/> New Client <input type="checkbox"/>
2. _____	Day/Date: Mini-Profile <input type="checkbox"/> SM Shout-out <input type="checkbox"/>	Day/Date: Text Follow Up <input type="checkbox"/> Referral Reminder <input type="checkbox"/>	Day/Date: Text Follow Up <input type="checkbox"/>	Day/Date: Text Follow Up <input type="checkbox"/>	Day/Date: Results Post <input type="checkbox"/> Final Weigh In <input type="checkbox"/>	New Member <input type="checkbox"/> New Client <input type="checkbox"/>
3. _____	Day/Date: Mini-Profile <input type="checkbox"/> SM Shout-out <input type="checkbox"/>	Day/Date: Text Follow Up <input type="checkbox"/> Referral Reminder <input type="checkbox"/>	Day/Date: Text Follow Up <input type="checkbox"/>	Day/Date: Text Follow Up <input type="checkbox"/>	Day/Date: Results Post <input type="checkbox"/> Final Weigh In <input type="checkbox"/>	New Member <input type="checkbox"/> New Client <input type="checkbox"/>
4. _____	Day/Date: Mini-Profile <input type="checkbox"/> SM Shout-out <input type="checkbox"/>	Day/Date: Text Follow Up <input type="checkbox"/> Referral Reminder <input type="checkbox"/>	Day/Date: Text Follow Up <input type="checkbox"/>	Day/Date: Text Follow Up <input type="checkbox"/>	Day/Date: Results Post <input type="checkbox"/> Final Weigh In <input type="checkbox"/>	New Member <input type="checkbox"/> New Client <input type="checkbox"/>
5. _____	Day/Date: Mini-Profile <input type="checkbox"/> SM Shout-out <input type="checkbox"/>	Day/Date: Text Follow Up <input type="checkbox"/> Referral Reminder <input type="checkbox"/>	Day/Date: Text Follow Up <input type="checkbox"/>	Day/Date: Text Follow Up <input type="checkbox"/>	Day/Date: Results Post <input type="checkbox"/> Final Weigh In <input type="checkbox"/>	New Member <input type="checkbox"/> New Client <input type="checkbox"/>
6. _____	Day/Date: Mini-Profile <input type="checkbox"/> SM Shout-out <input type="checkbox"/>	Day/Date: Text Follow Up <input type="checkbox"/> Referral Reminder <input type="checkbox"/>	Day/Date: Text Follow Up <input type="checkbox"/>	Day/Date: Text Follow Up <input type="checkbox"/>	Day/Date: Results Post <input type="checkbox"/> Final Weigh In <input type="checkbox"/>	New Member <input type="checkbox"/> New Client <input type="checkbox"/>
7. _____	Day/Date: Mini-Profile <input type="checkbox"/> SM Shout-out <input type="checkbox"/>	Day/Date: Text Follow Up <input type="checkbox"/> Referral Reminder <input type="checkbox"/>	Day/Date: Text Follow Up <input type="checkbox"/>	Day/Date: Text Follow Up <input type="checkbox"/>	Day/Date: Results Post <input type="checkbox"/> Final Weigh In <input type="checkbox"/>	New Member <input type="checkbox"/> New Client <input type="checkbox"/>
8. _____	Day/Date: Mini-Profile <input type="checkbox"/> SM Shout-out <input type="checkbox"/>	Day/Date: Text Follow Up <input type="checkbox"/> Referral Reminder <input type="checkbox"/>	Day/Date: Text Follow Up <input type="checkbox"/>	Day/Date: Text Follow Up <input type="checkbox"/>	Day/Date: Results Post <input type="checkbox"/> Final Weigh In <input type="checkbox"/>	New Member <input type="checkbox"/> New Client <input type="checkbox"/>
9. _____	Day/Date: Mini-Profile <input type="checkbox"/> SM Shout-out <input type="checkbox"/>	Day/Date: Text Follow Up <input type="checkbox"/> Referral Reminder <input type="checkbox"/>	Day/Date: Text Follow Up <input type="checkbox"/>	Day/Date: Text Follow Up <input type="checkbox"/>	Day/Date: Results Post <input type="checkbox"/> Final Weigh In <input type="checkbox"/>	New Member <input type="checkbox"/> New Client <input type="checkbox"/>
10. _____	Day/Date: Mini-Profile <input type="checkbox"/> SM Shout-out <input type="checkbox"/>	Day/Date: Text Follow Up <input type="checkbox"/> Referral Reminder <input type="checkbox"/>	Day/Date: Text Follow Up <input type="checkbox"/>	Day/Date: Text Follow Up <input type="checkbox"/>	Day/Date: Results Post <input type="checkbox"/> Final Weigh In <input type="checkbox"/>	New Member <input type="checkbox"/> New Client <input type="checkbox"/>

New Clients	VP	Profit	New Clients	VP	Profit
1.			6.		
2.			7.		
3.			8.		
4.			9.		
5.			10.		

New Members	VP	Profit	New Members	VP	Profit
1.			6.		
2.			7.		
3.			8.		
4.			9.		
5.			10.		