



No Sugar Challenge Tracking Sheet

Week #1

Day	Breakfast	Lunch	Dinner	Snack #1	Snack #2
1	No Sugar <input type="checkbox"/>	No Sugar <input type="checkbox"/>	No Sugar <input type="checkbox"/>	No Sugar <input type="checkbox"/>	No Sugar <input type="checkbox"/>
	Sugar <input type="checkbox"/>	Sugar <input type="checkbox"/>	Sugar <input type="checkbox"/>	Sugar <input type="checkbox"/>	Sugar <input type="checkbox"/>
2	No Sugar <input type="checkbox"/>	No Sugar <input type="checkbox"/>	No Sugar <input type="checkbox"/>	No Sugar <input type="checkbox"/>	No Sugar <input type="checkbox"/>
	Sugar <input type="checkbox"/>	Sugar <input type="checkbox"/>	Sugar <input type="checkbox"/>	Sugar <input type="checkbox"/>	Sugar <input type="checkbox"/>
3	No Sugar <input type="checkbox"/>	No Sugar <input type="checkbox"/>	No Sugar <input type="checkbox"/>	No Sugar <input type="checkbox"/>	No Sugar <input type="checkbox"/>
	Sugar <input type="checkbox"/>	Sugar <input type="checkbox"/>	Sugar <input type="checkbox"/>	Sugar <input type="checkbox"/>	Sugar <input type="checkbox"/>
4	No Sugar <input type="checkbox"/>	No Sugar <input type="checkbox"/>	No Sugar <input type="checkbox"/>	No Sugar <input type="checkbox"/>	No Sugar <input type="checkbox"/>
	Sugar <input type="checkbox"/>	Sugar <input type="checkbox"/>	Sugar <input type="checkbox"/>	Sugar <input type="checkbox"/>	Sugar <input type="checkbox"/>
5	No Sugar <input type="checkbox"/>	No Sugar <input type="checkbox"/>	No Sugar <input type="checkbox"/>	No Sugar <input type="checkbox"/>	No Sugar <input type="checkbox"/>
	Sugar <input type="checkbox"/>	Sugar <input type="checkbox"/>	Sugar <input type="checkbox"/>	Sugar <input type="checkbox"/>	Sugar <input type="checkbox"/>
6	No Sugar <input type="checkbox"/>	No Sugar <input type="checkbox"/>	No Sugar <input type="checkbox"/>	No Sugar <input type="checkbox"/>	No Sugar <input type="checkbox"/>
	Sugar <input type="checkbox"/>	Sugar <input type="checkbox"/>	Sugar <input type="checkbox"/>	Sugar <input type="checkbox"/>	Sugar <input type="checkbox"/>
7	No Sugar <input type="checkbox"/>	No Sugar <input type="checkbox"/>	No Sugar <input type="checkbox"/>	No Sugar <input type="checkbox"/>	No Sugar <input type="checkbox"/>
	Sugar <input type="checkbox"/>	Sugar <input type="checkbox"/>	Sugar <input type="checkbox"/>	Sugar <input type="checkbox"/>	Sugar <input type="checkbox"/>

of Days No Sugar = ____ / 7

Enter ONE ballot for every day you consume NO additional sugars.



No Sugar Challenge Tracking Sheet

Week #2

Day	Breakfast	Lunch	Dinner	Snack #1	Snack #2
8	No Sugar <input type="checkbox"/>	No Sugar <input type="checkbox"/>	No Sugar <input type="checkbox"/>	No Sugar <input type="checkbox"/>	No Sugar <input type="checkbox"/>
	Sugar <input type="checkbox"/>	Sugar <input type="checkbox"/>	Sugar <input type="checkbox"/>	Sugar <input type="checkbox"/>	Sugar <input type="checkbox"/>
9	No Sugar <input type="checkbox"/>	No Sugar <input type="checkbox"/>	No Sugar <input type="checkbox"/>	No Sugar <input type="checkbox"/>	No Sugar <input type="checkbox"/>
	Sugar <input type="checkbox"/>	Sugar <input type="checkbox"/>	Sugar <input type="checkbox"/>	Sugar <input type="checkbox"/>	Sugar <input type="checkbox"/>
10	No Sugar <input type="checkbox"/>	No Sugar <input type="checkbox"/>	No Sugar <input type="checkbox"/>	No Sugar <input type="checkbox"/>	No Sugar <input type="checkbox"/>
	Sugar <input type="checkbox"/>	Sugar <input type="checkbox"/>	Sugar <input type="checkbox"/>	Sugar <input type="checkbox"/>	Sugar <input type="checkbox"/>
11	No Sugar <input type="checkbox"/>	No Sugar <input type="checkbox"/>	No Sugar <input type="checkbox"/>	No Sugar <input type="checkbox"/>	No Sugar <input type="checkbox"/>
	Sugar <input type="checkbox"/>	Sugar <input type="checkbox"/>	Sugar <input type="checkbox"/>	Sugar <input type="checkbox"/>	Sugar <input type="checkbox"/>
12	No Sugar <input type="checkbox"/>	No Sugar <input type="checkbox"/>	No Sugar <input type="checkbox"/>	No Sugar <input type="checkbox"/>	No Sugar <input type="checkbox"/>
	Sugar <input type="checkbox"/>	Sugar <input type="checkbox"/>	Sugar <input type="checkbox"/>	Sugar <input type="checkbox"/>	Sugar <input type="checkbox"/>
13	No Sugar <input type="checkbox"/>	No Sugar <input type="checkbox"/>	No Sugar <input type="checkbox"/>	No Sugar <input type="checkbox"/>	No Sugar <input type="checkbox"/>
	Sugar <input type="checkbox"/>	Sugar <input type="checkbox"/>	Sugar <input type="checkbox"/>	Sugar <input type="checkbox"/>	Sugar <input type="checkbox"/>
14	No Sugar <input type="checkbox"/>	No Sugar <input type="checkbox"/>	No Sugar <input type="checkbox"/>	No Sugar <input type="checkbox"/>	No Sugar <input type="checkbox"/>
	Sugar <input type="checkbox"/>	Sugar <input type="checkbox"/>	Sugar <input type="checkbox"/>	Sugar <input type="checkbox"/>	Sugar <input type="checkbox"/>

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