

10 Pounds Down Challenge

The rating is on a scale of 1-5. 1 being the lowest (didn't do so well), 5 being the highest (nailed it!)

Example	
How many hours of sleep did you get last night?	<u>6</u>
How do you feel upon waking up?	<u>3</u>
How would you rate your daily activity/exercise?	<u>2</u>
How would you rate your daily intake of water?	<u>5</u>
How would you rate your quality of time to yourself?	<u>2</u>
How would you rate your quality of prayer time today?	<u>3</u>
How would you rate staying on your plan today?	<u>3</u>
How would you rate the level of fun/joy you had in your day?	<u>4</u>
How would you rate managing your mind today?	<u>3</u>
How would you rate the overall quality of your day today?	<u>4</u>
Total	<input type="text" value="35"/>

SATURDAY	
How many hours of sleep did you get last night?	_____
How do you feel upon waking up?	_____
How would you rate your daily activity/exercise?	_____
How would you rate your daily intake of water?	_____
How would you rate your quality of time to yourself?	_____
How would you rate your quality of prayer time today?	_____
How would you rate staying on your plan today?	_____
How would you rate the level of fun/joy you had in your day?	_____
How would you rate managing your mind today?	_____
How would you rate the overall quality of your day today?	_____
Total	<input type="text"/>

SUNDAY	
How many hours of sleep did you get last night?	_____
How do you feel upon waking up?	_____
How would you rate your daily activity/exercise?	_____
How would you rate your daily intake of water?	_____
How would you rate your quality of time to yourself?	_____
How would you rate your quality of prayer time today?	_____
How would you rate staying on your plan today?	_____
How would you rate the level of fun/joy you had in your day?	_____
How would you rate managing your mind today?	_____
How would you rate the overall quality of your day today?	_____
Total	<input type="text"/>

MONDAY	
How many hours of sleep did you get last night?	_____
How do you feel upon waking up?	_____
How would you rate your daily activity/exercise?	_____
How would you rate your daily intake of water?	_____
How would you rate your quality of time to yourself?	_____
How would you rate your quality of prayer time today?	_____
How would you rate staying on your plan today?	_____
How would you rate the level of fun/joy you had in your day?	_____
How would you rate managing your mind today?	_____
How would you rate the overall quality of your day today?	_____
Total	<input type="text"/>

TUESDAY	
How many hours of sleep did you get last night?	_____
How do you feel upon waking up?	_____
How would you rate your daily activity/exercise?	_____
How would you rate your daily intake of water?	_____
How would you rate your quality of time to yourself?	_____
How would you rate your quality of prayer time today?	_____
How would you rate staying on your plan today?	_____
How would you rate the level of fun/joy you had in your day?	_____
How would you rate managing your mind today?	_____
How would you rate the overall quality of your day today?	_____
Total	<input type="text"/>

WEDNESDAY	
How many hours of sleep did you get last night?	_____
How do you feel upon waking up?	_____
How would you rate your daily activity/exercise?	_____
How would you rate your daily intake of water?	_____
How would you rate your quality of time to yourself?	_____
How would you rate your quality of prayer time today?	_____
How would you rate staying on your plan today?	_____
How would you rate the level of fun/joy you had in your day?	_____
How would you rate managing your mind today?	_____
How would you rate the overall quality of your day today?	_____
Total	<input type="text"/>

THURSDAY	
How many hours of sleep did you get last night?	_____
How do you feel upon waking up?	_____
How would you rate your daily activity/exercise?	_____
How would you rate your daily intake of water?	_____
How would you rate your quality of time to yourself?	_____
How would you rate your quality of prayer time today?	_____
How would you rate staying on your plan today?	_____
How would you rate the level of fun/joy you had in your day?	_____
How would you rate managing your mind today?	_____
How would you rate the overall quality of your day today?	_____
Total	<input type="text"/>

FRIDAY	
How many hours of sleep did you get last night?	_____
How do you feel upon waking up?	_____
How would you rate your daily activity/exercise?	_____
How would you rate your daily intake of water?	_____
How would you rate your quality of time to yourself?	_____
How would you rate your quality of prayer time today?	_____
How would you rate staying on your plan today?	_____
How would you rate the level of fun/joy you had in your day?	_____
How would you rate managing your mind today?	_____
How would you rate the overall quality of your day today?	_____
Total	<input type="text"/>