

REALITY CHECK

Name: _____

| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|--------------|--------|---------|-----------|----------|--------|----------|--------|
| Item 1 | | | | | | | |
| Quantity | | | | | | | |
| Colour Group | | | | | | | |
| Item 2 | | | | | | | |
| Quantity | | | | | | | |
| Colour Group | | | | | | | |
| Item 3 | | | | | | | |
| Quantity | | | | | | | |
| Colour Group | | | | | | | |
| Item 4 | | | | | | | |
| Quantity | | | | | | | |
| Colour Group | | | | | | | |
| Item 5 | | | | | | | |
| Quantity | | | | | | | |
| Colour Group | | | | | | | |
| Item 6 | | | | | | | |
| Quantity | | | | | | | |
| Colour Group | | | | | | | |
| Item 7 | | | | | | | |
| Quantity | | | | | | | |
| Colour Group | | | | | | | |

Instructions:

