

90-DAY CHALLENGE
NUTRITION GUIDE & JOURNAL



“

PRACTICING SELF-DISCIPLINE AND SELF-CONTROL
IS THE ONLY WAY TO LIVE A HEALTHY LIFESTYLE.

-Master Tiger Schulmann

”

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INTRODUCTION

It is not a coincidence that the global diet industry is a \$55 billion-a year-business. The industry promises to make weight loss easier. It promises to deliver the body of your dreams without the hard work, sacrifice, and self-discipline required to shed pounds and improve your overall health and appearance. Unfortunately, their promises are too good to be true and you are left feeling discouraged and looking for the next fad diet!

The truth is, there is no magic pill and the only way to achieve long-term success is to adopt a healthy lifestyle of proper nutrition and exercise.

Our 90-day challenge is not a “diet.” It’s a lifestyle that you continue to practice long after your 90-days have ended.



GUIDELINES

- **Don't starve yourself** or skip meals in order to lose weight. In doing so, your metabolism will slow down and your body will store fat as a defense mechanism. This is referred to as, "starvation mode." Instead, aim to eat 5-6 small, balanced meals (all containing equal portions of protein and carbohydrates), spread 3 hours apart throughout the day. This provides your body with the energy it needs and prevents hunger, the primary cause of overeating. Helpful tip: Set the alarm on your cell phone to go off every three hours as a reminder!
- The Law of Thermodynamics – if you consume more calories (energy) than you can burn, you will gain weight. Conversely, if you burn more calories than you consume you will lose weight. Helpful tip: A Tiger Schulmann's kickboxing class burns over 1000 calories in one hour!
- It's not only what you eat, it's how much you eat (see Portion Reference Guide - Page 18).
- Always remember, eat slowly and stop eating when you're satisfied, rather than when you're full.
- NEVER skip breakfast! It's the most important meal of the day! When you eat breakfast, you are breaking a fast from the night before. Skipping meals, especially breakfast, can actually make weight control more difficult. Breakfast skippers tend to eat more food than usual at the next meal, or nibble on high-calorie snacks to ward off hunger
- Watch out for labels (see How To Read A Label - Page 11). For example: Just because something claims to be "NON-FAT" doesn't mean it's okay to eat. Non-fat usually means high in calories and sugar!



WEEKLY WEIGH-INS

Rome wasn't built in a day and your transformation won't be either.

Don't weigh yourself every day. In fact, weigh yourself once per week and set a modest weight loss goal of 1-2 pounds per week. Please note: During the first week or two you may lose excess water weight, which can result in a greater than 1-2 pound loss. Please understand that a weight loss of >2 pounds/week is not likely to continue over the course of the challenge. Do not get discouraged.

Your instructor will be with you every step of the way on your road to a better and healthier body!



PREPARATION

Remember, if you fail to plan, you are planning to fail.

Some steps you should take for your preparation:

1. Clean out your refrigerator and cabinets of all undesirable food (see Foods/Beverages to Avoid – Page 9). This will help to eliminate temptation and make it easier for you to make good choices.
2. Set aside one day per week to food shop and to prepare your meals for the upcoming week. Many of us have very busy schedules and a lack of preparation can lead to making poor food choices.
3. Be sure to make your weekly meetings and communicate with your instructor/meeting leader on your progress. This will help to ensure that you are continuing on the right path.



WHAT TO EAT: PROTEINS

- Egg Whites – Available in an easy-pour carton
- Chicken – White meat, skinless
- Turkey – White meat, skinless (no processed deli meat), 93%-99% ground is acceptable
- Fish*
- Lean Red Meat – Good cuts of steak (sirloin tip, top round, ground beef 90% lean or better)
- Tuna – In water
- Cottage Cheese – Low-fat or non-fat
- Yogurt – Lite yogurt or 0% fat Greek yogurt

* Fish contains omega-3 fatty acids which may reduce triglycerides, lower blood pressure, reduce blood clotting and decrease stroke and heart failure risk. Fatty fish, such as salmon, lake trout, herring, sardines and tuna contain the most omega-3 fatty acids.

PROTEIN OPTIONS FOR VEGANS & VEGETARIANS

- Quinoa (8g of protein/cup)
- Beans (high protein – varies by type)
- Nuts (5-6g of protein/oz. – high in fat, choose raw or dry roasted)
- Tofu (15-20g of protein/half cup)
- Hemp (10g of protein/3 tbsp.)
- Chia Seeds (4.7g of protein/2 tbsp.)
- Seitan (36g of protein/half cup)



WHAT TO EAT: CARBOHYDRATES

- Oatmeal – Slow cooked or “old fashioned” or quick oats if in a rush
- Brown Rice/White Rice – Brown rice preferred
- Sweet Potatoes/Yams/Baked Potatoes
- Whole Wheat Pasta/Brown Rice Pasta
- Whole Grain Bread – Must say 100% whole grain
- Ezekiel Bread
- Salad
- Vegetables – Raw and/or steamed
- Bran or High Fiber Cereal – No sugar added
- Fresh Fruit – Limit to 1-2 servings daily



BEVERAGE OPTIONS

- Water – should be consumed consistently all day long. On average, men should consume approximately 15 cups/daily (120 ounces) and women should consume approximately 11 cups/daily (88 ounces). On training days, water intake should be increased by approximately 3 cups (24 ounces). Helpful tip: Squeeze lemon into your water to give it a little flavor!
- Coffee – Limit to one cup. Non-fat or 1% milk and a sugar substitute (Stevia, Truvia). For every cup of coffee you consume, add one more 8 oz. cup of water to your daily intake.
- Tea – Limit to one cup. Non-fat or 1% milk and a sugar substitute (Stevia, Truvia). For every cup of tea you consume, add one more 8 oz. cup of water to your daily intake. Herbal, no caffeine options are a good choice.

ACCEPTABLE CONDIMENTS

- | | |
|---------------------------------|-----------------------------|
| • Mustard | • Pepper |
| • Ketchup | • Oil – Extra-Virgin Olive, |
| • Vinegar – Balsamic, Red Wine, | Canola, Walnut, Virgin |
| Apple Cider | Coconut (Use Sparingly) |
| • Sugar Substitute | • Garlic |
| • Lemon or Lime | • Salad Dressing – “Lite” |
| • Hot Sauce | • Salsa (Low Sodium) |



SNACK SUGGESTIONS

- Medium size apple/pear with 1 tbsp. peanut butter/almond butter
- Rice cake with 1 tbsp. peanut butter/almond butter
- 1 oz. of mixed nuts
- Greek yogurt – 0% fat is best
- Low-fat cottage cheese and fresh fruit
- ½ cup shelled edamame
- Protein shake (NutraBio Muscle Matrix Protein Powder)
- Dale's Raw Protein Bar (vegan, gluten free, soy & dairy free*)
- Quest Bar Protein Bar (high fiber, gluten free, low sugar**)

* Dale's Raw Protein Bars contain no preservatives or artificial ingredients and keep best when stored in the refrigerator or freezer. They are available for purchase online.

**Quest Bar Protein Bars are available for purchase online or at various health food stores.

Most of the foods listed on the previous pages can be found in your local supermarket.

Helpful tip: While in the supermarket, do the majority of your shopping in the outside aisles (think about shopping in the shape of a “U”). The items in the outside aisles will include all of your vegetables, fruits, meats and dairy. These are all natural perishable items and are the healthiest for you.



FOODS/BEVERAGES TO AVOID

- White Bread
- Bagels – Very high in calories
- Doughnuts/Muffins/Cake - Including non-fat varieties
- “White” Pasta – Made with re-fined wheat flour
- Chips/Crackers/Cookies
- Candy
- Cheese – High in fat, choose low-fat varieties
- Whole Milk
- Ice Cream
- Fast Food
- Fried Food
- Butter
- Margarine
- Mayonnaise
- Oil – (Use sparingly)
- Sugar
- Soda
- Fruit Juice
- Iced Tea/Lemonade
- Alcohol



HELPFUL TIPS FOR DINING OUT

- If your server brings bread for the table, ask him/her to take it away. Avoid the temptation.
- Immediately upon receiving your meal, divide it in half and ask your server to wrap up half for a later meal. In doing so, you will prevent yourself from overeating.
- Ask for your meal to be made with very little or no butter/oil.
- If your meal comes with sauce or dressing, ask for it on the side and use it sparingly.
- Drink a full glass of water before your meal arrives. The water will help you to feel less hungry and you will eat less.
- If you absolutely must have a dessert, forgo the carbohydrate portion of your meal (i.e., potato, rice) - Please don't make a habit of this!

DINING OUT SUGGESTIONS

- Egg whites on whole grain toast
- Egg white vegetable omelet with oatmeal or whole grain toast
- Turkey sandwich on whole grain with mustard, lettuce, tomato
- Grilled chicken over salad (lite dressing on the side)
- Chinese – Steamed chicken and broccoli with brown rice (sauce on the side - dip lightly)
- Sirloin steak with plain baked potato or rice and vegetable
- Salmon with plain baked potato or rice and vegetable
- Sushi – All (avoid spicy mayo & tempura, limit soy sauce)



HOW TO READ A LABEL:

It's important to know what is in your food and beverages. Before eating/ drinking an item, always be sure to check its Nutrition Facts label.

What to look for:

Serving Size

The first place to look on a Nutrition Facts label is at the serving size and the number

of servings in the package. Serving sizes are standardized to make comparing similar foods easy. They are provided in units such as cups or pieces and are followed by the metric amount (i.e., grams). Serving sizes can be deceiving! Always ask yourself, "How many servings am I consuming?" If the serving size is $\frac{1}{2}$ cup @ 150 calories but you consume 1 cup (2 servings) please understand that you are taking in 300 calories (150 calories x 2 = 300 calories).





Calories

The next thing to look at is calories (units of energy). Calories can be good or bad, depending on their source. When you read a label, you should be able to determine

total calories by adding up the calories of each macronutrient listed on the label. Macronutrients consist of protein, carbohydrate and fat and each provides the body with a certain amount of energy, or calories:

Serving Size 1/2 cup dry (40 g)	
Servings Per container: 13	
Amount Per Serving	
Calories 150	Calories from Fat 25
% Daily Value*	

Protein = 4 calories per gram

Carbohydrate = 4 calories per gram

Fat = 9 calories per gram

In addition, you should be able to determine the source from which the item receives most of its calories.

Please note: The calories as listed on a label and the calories that you determine by adding up all of the macronutrients may not match up exactly. Why? Because according to U.S. law, all fat and protein must be accounted for in the nutritional analysis on food labels. The same is not true for carbohydrates because glycerin is exempt from being included. These are referred to as hidden carbohydrates. In addition, food manufacturers are able to round up and down on a nutrition label.



Example: The label to the right is that of a 1.45 oz. or 41 gram Hershey bar.

According to the label, the bar is one serving and yields 218 calories (120 calories from fat).

The total fat is $13.28\text{g} \times 9$

=

119.52 calories

Total carbohydrates are $24.36\text{g} \times 4$

=

97.44 calories

Protein is $2.27\text{g} \times 4 = 9.08$ calories

Total calories = 226.04

What does this example show us? It shows us that there is an 8.04 difference in calories between those listed on the label and those determined by adding up the macronutrients. It also shows us that the majority of its calories are derived from sugar (carbohydrate) and fat, making it an unhealthy snack!

Nutrition Facts		
Serving Size: 1 bar (1.45 oz) (41g)		
Amount Per Serving		
Calories	218	Calories from Fat 120
		% Daily Value*
Total Fat	13.28 g	20%
Saturated Fat		
Trans Fat		
Cholesterol	2.05 mg	1%
Sodium	2.46 mg	0%
Potassium	205.82 mg	6%
Total Carbohydrate	24.36 g	8%
Dietary Fiber	2.67 g	11%
Sugars	19.5 g	
Sugar Alcohols		
Protein	2.27 g	
Vitamin A		
Vitamin C	0 mg	0%
Calcium	12.3 mg	1%
Iron	0.87 mg	5%



Fats

On a label, fats are listed as: Total fat, saturated fat and trans fat.

	% Daily Value*
Total Fat 3 g	4%
Saturated Fat 0.5 g	2%
Trans Fat 0 g	0%
Cholesterol 0 mg	0%

Saturated fats are found in meats, whole dairy products such as milk, cheese, ice cream and baked goods. Saturated fats raise blood cholesterol levels and should be limited.

Trans fats are the worst type of fat that you can eat! Trans fats can raise "bad" cholesterol and lower "good" cholesterol, contributing to heart disease. They should be avoided at all costs! Some meat and dairy products contain small amounts of naturally occurring trans fat. But, most trans fat is formed through an industrial process that adds hydrogen to vegetable oil. The process is called hydrogenation and it causes oil to become solid at room temperature. This manufactured form of trans fat is called partially hydrogenated oil and it gives food a longer shelf life (i.e., most cakes, cookies, pie crusts, potato chips, corn chips, tortilla chips, nondairy coffee creamer, foods that require deep frying, sticks of margarine). BEWARE! In the United States, if a food has less than 0.5 of trans fat in a serving, the food label can read 0. The hidden trans fat can add up quickly, so always check the food's ingredient list for partially hydrogenated vegetable oil even if the label indicates 0 trans fat.

The remaining fats are unsaturated fats (good fats) and will only be listed in the Total Fats section of the label.

Fats should make up approximately 20% of your daily diet.



Cholesterol

Cholesterol is listed next on a label (after fats). Foods can contain “Good” or “Bad” Cholesterol. Good cholesterol foods are those foods that naturally lower levels of bad cholesterol. Bad cholesterol foods are those foods that increase levels of bad cholesterol.

Total Fat 3 g	4%
Saturated Fat 0.5 g	2%
Trans Fat 0 g	0%
Cholesterol 0 mg	0%
Sodium 0 mg	0%
Total Carbohydrate 27 g	9%

Good cholesterol (HDL) foods include fish, fiber rich foods, and nuts. Bad cholesterol (LDL) foods include animal-based and commercially-prepared products (milk, mayonnaise, butter, cream, ice cream, lamb, beef, veal, liver, sausage, cold cuts, hot dogs, cakes, pies, cookies, doughnuts). In an effort to maintain a healthy lifestyle, you should limit your intake of foods containing bad cholesterol.

Sodium:

Listed after cholesterol is sodium. Sodium intake should be limited to less than 2,300 mg/day or 1,500 mg/day if you suffer from high blood pressure, diabetes, chronic kidney disease, or if you are 51+ years old.

Saturated Fat 0.5 g	2%
Trans Fat 0 g	0%
Cholesterol 0 mg	0%
Sodium 0 mg	0%
Total Carbohydrate 27 g	9%
Dietary Fiber 4 g	15%

Please note: if you are sensitive to sodium, you may want to limit your intake further as it can cause water retention. Water retention will directly affect the numbers that you see on the scale (weight gain).



Carbohydrates

Carbohydrates are listed on a label as “Total Carbohydrate.” Total carbohydrates are then broken down further into “Dietary Fiber” and “Sugars.”

Cholesterol 0 mg	0%
Sodium 0 mg	0%
Total Carbohydrate 27 g	9%
Dietary Fiber 4 g	15%
Sugars 1 g	
Protein 5 g	

Dietary fiber (also known as roughage or bulk) is a carbohydrate that delivers many benefits, including slowing down digestion (makes you feel full, which helps control weight), lowering cholesterol levels and controlling blood sugar levels. Sources of dietary fiber include items such as oatmeal, whole grains, brown rice, nuts, bran cereal, vegetables and beans.

Sugars (Simple carbohydrates) are the least favorable of the carbohydrates and should make up the smallest portion of total carbohydrates. Simple carbohydrates rapidly convert into blood sugar for energy, which may cause you to store them as excess body fat if you don’t quickly burn them off through physical activity. Simple carbohydrates include such items as cake, candy, cookies, soda, fruit juice, bread made with refined wheat flour, pasta made from refined wheat flour and table sugar.



Carbohydrates that do not fall into either the category of dietary fiber or sugars are referred to as complex carbohydrates. Complex carbohydrates release energy to the body over a long period of time, keeping energy levels stabilized. Complex carbohydrates are also a source of essential vitamins and minerals needed in the body for normal functioning. For a list of complex carbohydrates, see, What To Eat: Carbohydrates, Page 6.

Carbohydrates should make up approximately 40% of your daily diet.

Protein:

Listed after carbohydrates is protein. Protein is responsible for building muscle tissue and is necessary for muscle tissue repair. Protein should

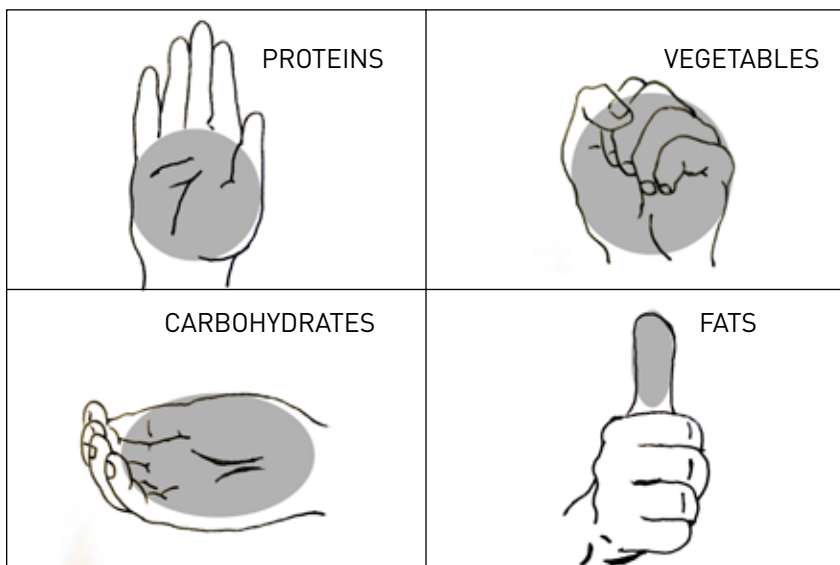
make up approximately 40% of your daily diet. For a list of good protein choices, see, What To Eat: Protein, page 5.

Total Carbohydrate	27 g	9%
Dietary Fiber	4 g	15%
Sugars	1 g	
Protein	5 g	
Vitamin A		0%

PORTION REFERENCE GUIDE

Now that you know what to eat, it's important to know how much to eat! Below, you will find tips on how to determine a proper portion size.

All you need to determine portion size is your hand and the ability to count to two.



Here Is How It Works:

(For women's portions, use one hand. For men, use both hands)

- **PALM = Protein Portions**
(same thickness & diameter as your palm)
For foods such as: Meat, fish, eggs, dairy, or beans
- **FIST = Vegetable Portions**
For veggies like: Spinach, broccoli, carrots, etc.
- **CUPPED HAND = Carbohydrate Portions**
For foods such as: Grains, starches, or fruits
- **THUMB = Fat Portions**
For foods like: Oils, nut butters, nuts/seeds, etc.

Please note: If you're a bigger person, you probably have a bigger hand and if you're a smaller person, you probably have a smaller hand. Your own hand is a personalized measuring device for your food intake.

SUPPLEMENTS

This 90-Day Challenge will put you on the right path to a better and healthier you! Although there are no magic pills, there are supplements that can help you to attain your goals. Effective supplementation can give you better results from your workouts, faster recovery, improved metabolic burn, and help fuel your body to build muscle, burn fat and increase energy.

Since 1999, NutraBio has worked closely with the TSMA 90-Day Challenge and has designed specific supplement programs to help you reach your goals.

For more information and coupon code, visit:

nutrabio.com/tsma

NUTRABIO®
WITHOUT COMPROMISE SINCE 1996

“

YOU DON'T HAVE TO SEE THE WHOLE STAIRCASE
TO TAKE THE FIRST STEP.

”



INTRODUCTION

This journal is designed to complement your daily routine, tracking all of your food choices and activities as you progress toward your goals.

To reach your fitness goals, it is important to record what you eat and when you eat it. If nutrients are available at the proper times and in the proper quantities, you will feel energized all day!

Why is it important to keep
an accurate record of what I eat?

Eating too little leads to muscle loss and eating too much leads to fat gain. In order to reach your goals, you must be aware of your eating habits. Keeping an accurate journal will make you aware of:

- What you eat
- How much you eat
- When you eat (timing is important! Small meals every 3 hours)
- The types of foods you eat most (protein, carbohydrate, fat)
- How food makes you feel (physically, emotionally)
- Why you eat (triggered by emotional or physical reasons)

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JOT IT DOWN. EXPECT SUCCESS.

Helpful Tips:

1. Be honest with yourself! Be sure to journal EVERYTHING that you eat and drink throughout the day! Accurately recording your eating and exercise habits will help your instructor to make recommendations on your way to success!
2. Keep your journal with you at all times. If you don't have it, use a piece of paper or use the "notes" section of your cell phone and transfer it to your journal later.
3. Prepare your meals the night before, log them into your journal and only eat what you wrote down OR log in foods while you're eating or immediately following a meal.
4. When at a restaurant, log in foods while waiting to pay the bill, or waiting for the server to return with your change/ credit card.

DAY 1

DATE

SLEEP HRS

SUPPLEMENTS

TYPE OF EXERCISE AND DURATION

CHECK OFF EACH 8 OZ. WATER SERVING

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEAL 1

TIME

MEAL 2

TIME

MEAL 3

TIME

MEAL 4

TIME

MEAL 5

TIME

MEAL 6

TIME

DESCRIBE HOW YOU FEEL

CONCERNS

DAY 2

DATE

SLEEP HRS

SUPPLEMENTS

TYPE OF EXERCISE AND DURATION

CHECK OFF EACH 8 OZ. WATER SERVING

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEAL 1

TIME

MEAL 2

TIME

MEAL 3

TIME

MEAL 4

TIME

MEAL 5

TIME

MEAL 6

TIME

DESCRIBE HOW YOU FEEL

CONCERNS

DAY 3

DATE

SLEEP HRS

SUPPLEMENTS

TYPE OF EXERCISE AND DURATION

CHECK OFF EACH 8 OZ. WATER SERVING

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEAL 1 TIME

MEAL 2 TIME

MEAL 3 TIME

MEAL 4 TIME

MEAL 5 TIME

MEAL 6 TIME

DESCRIBE HOW YOU FEEL

CONCERNS

DAY 4

DATE

SLEEP HRS

SUPPLEMENTS

TYPE OF EXERCISE AND DURATION

CHECK OFF EACH 8 OZ. WATER SERVING

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEAL 1

TIME

MEAL 2

TIME

MEAL 3

TIME

MEAL 4

TIME

MEAL 5

TIME

MEAL 6

TIME

DESCRIBE HOW YOU FEEL

CONCERNS

DAY 5

DATE

SLEEP HRS

SUPPLEMENTS

TYPE OF EXERCISE AND DURATION

CHECK OFF EACH 8 OZ. WATER SERVING

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEAL 1

TIME

MEAL 2

TIME

MEAL 3

TIME

MEAL 4

TIME

MEAL 5

TIME

MEAL 6

TIME

DESCRIBE HOW YOU FEEL

CONCERNS

DAY 6

DATE

SLEEP HRS

SUPPLEMENTS

TYPE OF EXERCISE AND DURATION

CHECK OFF EACH 8 OZ. WATER SERVING

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEAL 1 TIME

MEAL 2 TIME

MEAL 3 TIME

MEAL 4 TIME

MEAL 5 TIME

MEAL 6 TIME

DESCRIBE HOW YOU FEEL

CONCERNS

DAY 7

DATE

SLEEP HRS

SUPPLEMENTS

TYPE OF EXERCISE AND DURATION

CHECK OFF EACH 8 OZ. WATER SERVING

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEAL 1

TIME

MEAL 2

TIME

MEAL 3

TIME

MEAL 4

TIME

MEAL 5

TIME

MEAL 6

TIME

DESCRIBE HOW YOU FEEL

CONCERNS

DAY 8

DATE

SLEEP HRS

SUPPLEMENTS

TYPE OF EXERCISE AND DURATION

CHECK OFF EACH 8 OZ. WATER SERVING

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEAL 1 TIME

MEAL 2 TIME

MEAL 3 TIME

MEAL 4 TIME

MEAL 5 TIME

MEAL 6 TIME

DESCRIBE HOW YOU FEEL

CONCERNS

DAY 9

DATE

SLEEP HRS

SUPPLEMENTS

TYPE OF EXERCISE AND DURATION

CHECK OFF EACH 8 OZ. WATER SERVING

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEAL 1 TIME

MEAL 2 TIME

MEAL 3 TIME

MEAL 4 TIME

MEAL 5 TIME

MEAL 6 TIME

DESCRIBE HOW YOU FEEL

CONCERNS

DAY 10

DATE

SLEEP HRS

SUPPLEMENTS

TYPE OF EXERCISE AND DURATION

CHECK OFF EACH 8 OZ. WATER SERVING

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEAL 1

TIME

MEAL 2

TIME

MEAL 3

TIME

MEAL 4

TIME

MEAL 5

TIME

MEAL 6

TIME

DESCRIBE HOW YOU FEEL

CONCERNS

DAY 11

DATE

SLEEP HRS

SUPPLEMENTS

TYPE OF EXERCISE AND DURATION

CHECK OFF EACH 8 OZ. WATER SERVING

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEAL 1

TIME

MEAL 2

TIME

MEAL 3

TIME

MEAL 4

TIME

MEAL 5

TIME

MEAL 6

TIME

DESCRIBE HOW YOU FEEL

CONCERNS

DAY 12

DATE

SLEEP HRS

SUPPLEMENTS

TYPE OF EXERCISE AND DURATION

CHECK OFF EACH 8 OZ. WATER SERVING

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEAL 1

TIME

MEAL 2

TIME

MEAL 3

TIME

MEAL 4

TIME

MEAL 5

TIME

MEAL 6

TIME

DESCRIBE HOW YOU FEEL

CONCERNS

DAY 13

DATE

SLEEP HRS

SUPPLEMENTS

TYPE OF EXERCISE AND DURATION

CHECK OFF EACH 8 OZ. WATER SERVING

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEAL 1

TIME

MEAL 2

TIME

MEAL 3

TIME

MEAL 4

TIME

MEAL 5

TIME

MEAL 6

TIME

DESCRIBE HOW YOU FEEL

CONCERNS

DAY 14

DATE

SLEEP HRS

SUPPLEMENTS

TYPE OF EXERCISE AND DURATION

CHECK OFF EACH 8 OZ. WATER SERVING

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEAL 1

TIME

MEAL 2

TIME

MEAL 3

TIME

MEAL 4

TIME

MEAL 5

TIME

MEAL 6

TIME

DESCRIBE HOW YOU FEEL

CONCERNS

DAY 15

DATE

SLEEP HRS

SUPPLEMENTS

TYPE OF EXERCISE AND DURATION

CHECK OFF EACH 8 OZ. WATER SERVING

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEAL 1

TIME

MEAL 2

TIME

MEAL 3

TIME

MEAL 4

TIME

MEAL 5

TIME

MEAL 6

TIME

DESCRIBE HOW YOU FEEL

CONCERNS

DAY 16

DATE

SLEEP HRS

SUPPLEMENTS

TYPE OF EXERCISE AND DURATION

CHECK OFF EACH 8 OZ. WATER SERVING

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEAL 1

TIME

MEAL 2

TIME

MEAL 3

TIME

MEAL 4

TIME

MEAL 5

TIME

MEAL 6

TIME

DESCRIBE HOW YOU FEEL

CONCERNS

DAY 17

DATE

SLEEP HRS

SUPPLEMENTS

TYPE OF EXERCISE AND DURATION

CHECK OFF EACH 8 OZ. WATER SERVING

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEAL 1

TIME

MEAL 2

TIME

MEAL 3

TIME

MEAL 4

TIME

MEAL 5

TIME

MEAL 6

TIME

DESCRIBE HOW YOU FEEL

CONCERNS

DAY 18

DATE

SLEEP HRS

SUPPLEMENTS

TYPE OF EXERCISE AND DURATION

CHECK OFF EACH 8 OZ. WATER SERVING

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEAL 1

TIME

MEAL 2

TIME

MEAL 3

TIME

MEAL 4

TIME

MEAL 5

TIME

MEAL 6

TIME

DESCRIBE HOW YOU FEEL

CONCERNS

DAY 19

DATE

SLEEP HRS

SUPPLEMENTS

TYPE OF EXERCISE AND DURATION

CHECK OFF EACH 8 OZ. WATER SERVING

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEAL 1

TIME

MEAL 2

TIME

MEAL 3

TIME

MEAL 4

TIME

MEAL 5

TIME

MEAL 6

TIME

DESCRIBE HOW YOU FEEL

CONCERNS

DAY 20

DATE

SLEEP HRS

SUPPLEMENTS

TYPE OF EXERCISE AND DURATION

CHECK OFF EACH 8 OZ. WATER SERVING

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEAL 1

TIME

MEAL 2

TIME

MEAL 3

TIME

MEAL 4

TIME

MEAL 5

TIME

MEAL 6

TIME

DESCRIBE HOW YOU FEEL

CONCERNS

DAY 21

DATE

SLEEP HRS

SUPPLEMENTS

TYPE OF EXERCISE AND DURATION

CHECK OFF EACH 8 OZ. WATER SERVING

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEAL 1

TIME

MEAL 2

TIME

MEAL 3

TIME

MEAL 4

TIME

MEAL 5

TIME

MEAL 6

TIME

DESCRIBE HOW YOU FEEL

CONCERNS

DAY 22

DATE

SLEEP HRS

SUPPLEMENTS

TYPE OF EXERCISE AND DURATION

CHECK OFF EACH 8 OZ. WATER SERVING

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEAL 1

TIME

MEAL 2

TIME

MEAL 3

TIME

MEAL 4

TIME

MEAL 5

TIME

MEAL 6

TIME

DESCRIBE HOW YOU FEEL

CONCERNS

DAY 23

DATE

SLEEP HRS

SUPPLEMENTS

TYPE OF EXERCISE AND DURATION

CHECK OFF EACH 8 OZ. WATER SERVING

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEAL 1

TIME

MEAL 2

TIME

MEAL 3

TIME

MEAL 4

TIME

MEAL 5

TIME

MEAL 6

TIME

DESCRIBE HOW YOU FEEL

CONCERNS

DAY 24

DATE

SLEEP HRS

SUPPLEMENTS

TYPE OF EXERCISE AND DURATION

CHECK OFF EACH 8 OZ. WATER SERVING

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEAL 1

TIME

MEAL 2

TIME

MEAL 3

TIME

MEAL 4

TIME

MEAL 5

TIME

MEAL 6

TIME

DESCRIBE HOW YOU FEEL

CONCERNS

DAY 25

DATE

SLEEP HRS

SUPPLEMENTS

TYPE OF EXERCISE AND DURATION

CHECK OFF EACH 8 OZ. WATER SERVING

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEAL 1

TIME

MEAL 2

TIME

MEAL 3

TIME

MEAL 4

TIME

MEAL 5

TIME

MEAL 6

TIME

DESCRIBE HOW YOU FEEL

CONCERNS

DAY 26

DATE

SLEEP HRS

SUPPLEMENTS

TYPE OF EXERCISE AND DURATION

CHECK OFF EACH 8 OZ. WATER SERVING

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEAL 1

TIME

MEAL 2

TIME

MEAL 3

TIME

MEAL 4

TIME

MEAL 5

TIME

MEAL 6

TIME

DESCRIBE HOW YOU FEEL

CONCERNS

DAY 27

DATE

SLEEP HRS

SUPPLEMENTS

TYPE OF EXERCISE AND DURATION

CHECK OFF EACH 8 OZ. WATER SERVING

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEAL 1

TIME

MEAL 2

TIME

MEAL 3

TIME

MEAL 4

TIME

MEAL 5

TIME

MEAL 6

TIME

DESCRIBE HOW YOU FEEL

CONCERNS

DAY 28

DATE

SLEEP HRS

SUPPLEMENTS

TYPE OF EXERCISE AND DURATION

CHECK OFF EACH 8 OZ. WATER SERVING

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEAL 1

TIME

MEAL 2

TIME

MEAL 3

TIME

MEAL 4

TIME

MEAL 5

TIME

MEAL 6

TIME

DESCRIBE HOW YOU FEEL

CONCERNS

DAY 29

DATE

SLEEP HRS

SUPPLEMENTS

TYPE OF EXERCISE AND DURATION

CHECK OFF EACH 8 OZ. WATER SERVING

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEAL 1

TIME

MEAL 2

TIME

MEAL 3

TIME

MEAL 4

TIME

MEAL 5

TIME

MEAL 6

TIME

DESCRIBE HOW YOU FEEL

CONCERNS

DAY 30

DATE

SLEEP HRS

SUPPLEMENTS

TYPE OF EXERCISE AND DURATION

CHECK OFF EACH 8 OZ. WATER SERVING

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEAL 1 TIME

MEAL 2 TIME

MEAL 3 TIME

MEAL 4 TIME

MEAL 5 TIME

MEAL 6 TIME

DESCRIBE HOW YOU FEEL

CONCERNS

DAY 31

DATE

SLEEP HRS

SUPPLEMENTS

TYPE OF EXERCISE AND DURATION

CHECK OFF EACH 8 OZ. WATER SERVING

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEAL 1

TIME

MEAL 2

TIME

MEAL 3

TIME

MEAL 4

TIME

MEAL 5

TIME

MEAL 6

TIME

DESCRIBE HOW YOU FEEL

CONCERNS

DAY 32

DATE

SLEEP HRS

SUPPLEMENTS

TYPE OF EXERCISE AND DURATION

CHECK OFF EACH 8 OZ. WATER SERVING

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEAL 1

TIME

MEAL 2

TIME

MEAL 3

TIME

MEAL 4

TIME

MEAL 5

TIME

MEAL 6

TIME

DESCRIBE HOW YOU FEEL

CONCERNS

DAY 33

DATE

SLEEP HRS

SUPPLEMENTS

TYPE OF EXERCISE AND DURATION

CHECK OFF EACH 8 OZ. WATER SERVING

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEAL 1

TIME

MEAL 2

TIME

MEAL 3

TIME

MEAL 4

TIME

MEAL 5

TIME

MEAL 6

TIME

DESCRIBE HOW YOU FEEL

CONCERNS

DAY 34

DATE

SLEEP HRS

SUPPLEMENTS

TYPE OF EXERCISE AND DURATION

CHECK OFF EACH 8 OZ. WATER SERVING

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEAL 1

TIME

MEAL 2

TIME

MEAL 3

TIME

MEAL 4

TIME

MEAL 5

TIME

MEAL 6

TIME

DESCRIBE HOW YOU FEEL

CONCERNS

DAY 35

DATE

SLEEP HRS

SUPPLEMENTS

TYPE OF EXERCISE AND DURATION

CHECK OFF EACH 8 OZ. WATER SERVING

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEAL 1

TIME

MEAL 2

TIME

MEAL 3

TIME

MEAL 4

TIME

MEAL 5

TIME

MEAL 6

TIME

DESCRIBE HOW YOU FEEL

CONCERNS

DAY 36

DATE

SLEEP HRS

SUPPLEMENTS

TYPE OF EXERCISE AND DURATION

CHECK OFF EACH 8 OZ. WATER SERVING

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEAL 1

TIME

MEAL 2

TIME

MEAL 3

TIME

MEAL 4

TIME

MEAL 5

TIME

MEAL 6

TIME

DESCRIBE HOW YOU FEEL

CONCERNS

DAY 37

DATE

SLEEP HRS

SUPPLEMENTS

TYPE OF EXERCISE AND DURATION

CHECK OFF EACH 8 OZ. WATER SERVING

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEAL 1

TIME

MEAL 2

TIME

MEAL 3

TIME

MEAL 4

TIME

MEAL 5

TIME

MEAL 6

TIME

DESCRIBE HOW YOU FEEL

CONCERNS

DAY 38

DATE

SLEEP HRS

SUPPLEMENTS

TYPE OF EXERCISE AND DURATION

CHECK OFF EACH 8 OZ. WATER SERVING

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEAL 1

TIME

MEAL 2

TIME

MEAL 3

TIME

MEAL 4

TIME

MEAL 5

TIME

MEAL 6

TIME

DESCRIBE HOW YOU FEEL

CONCERNS

DAY 39

DATE

SLEEP HRS

SUPPLEMENTS

TYPE OF EXERCISE AND DURATION

CHECK OFF EACH 8 OZ. WATER SERVING

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEAL 1 TIME

MEAL 2 TIME

MEAL 3 TIME

MEAL 4 TIME

MEAL 5 TIME

MEAL 6 TIME

DESCRIBE HOW YOU FEEL

CONCERNS

DAY 40

DATE

SLEEP HRS

SUPPLEMENTS

TYPE OF EXERCISE AND DURATION

CHECK OFF EACH 8 OZ. WATER SERVING

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEAL 1

TIME

MEAL 2

TIME

MEAL 3

TIME

MEAL 4

TIME

MEAL 5

TIME

MEAL 6

TIME

DESCRIBE HOW YOU FEEL

CONCERNS

DAY 41

DATE

SLEEP HRS

SUPPLEMENTS

TYPE OF EXERCISE AND DURATION

CHECK OFF EACH 8 OZ. WATER SERVING

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEAL 1

TIME

MEAL 2

TIME

MEAL 3

TIME

MEAL 4

TIME

MEAL 5

TIME

MEAL 6

TIME

DESCRIBE HOW YOU FEEL

CONCERNS

DAY 42

DATE

SLEEP HRS

SUPPLEMENTS

TYPE OF EXERCISE AND DURATION

CHECK OFF EACH 8 OZ. WATER SERVING

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEAL 1

TIME

MEAL 2

TIME

MEAL 3

TIME

MEAL 4

TIME

MEAL 5

TIME

MEAL 6

TIME

DESCRIBE HOW YOU FEEL

CONCERNS

DAY 43

DATE

SLEEP HRS

SUPPLEMENTS

TYPE OF EXERCISE AND DURATION

CHECK OFF EACH 8 OZ. WATER SERVING

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEAL 1

TIME

MEAL 2

TIME

MEAL 3

TIME

MEAL 4

TIME

MEAL 5

TIME

MEAL 6

TIME

DESCRIBE HOW YOU FEEL

CONCERNS

DAY 44

DATE

SLEEP HRS

SUPPLEMENTS

TYPE OF EXERCISE AND DURATION

CHECK OFF EACH 8 OZ. WATER SERVING

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEAL 1

TIME

MEAL 2

TIME

MEAL 3

TIME

MEAL 4

TIME

MEAL 5

TIME

MEAL 6

TIME

DESCRIBE HOW YOU FEEL

CONCERNS

DAY 45

DATE

SLEEP HRS

SUPPLEMENTS

TYPE OF EXERCISE AND DURATION

CHECK OFF EACH 8 OZ. WATER SERVING

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEAL 1

TIME

MEAL 2

TIME

MEAL 3

TIME

MEAL 4

TIME

MEAL 5

TIME

MEAL 6

TIME

DESCRIBE HOW YOU FEEL

CONCERNS

DAY 46

DATE

SLEEP HRS

SUPPLEMENTS

TYPE OF EXERCISE AND DURATION

CHECK OFF EACH 8 OZ. WATER SERVING

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEAL 1

TIME

MEAL 2

TIME

MEAL 3

TIME

MEAL 4

TIME

MEAL 5

TIME

MEAL 6

TIME

DESCRIBE HOW YOU FEEL

CONCERNS

DAY 47

DATE

SLEEP HRS

SUPPLEMENTS

TYPE OF EXERCISE AND DURATION

CHECK OFF EACH 8 OZ. WATER SERVING

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEAL 1

TIME

MEAL 2

TIME

MEAL 3

TIME

MEAL 4

TIME

MEAL 5

TIME

MEAL 6

TIME

DESCRIBE HOW YOU FEEL

CONCERNS

DAY 48

DATE

SLEEP HRS

SUPPLEMENTS

TYPE OF EXERCISE AND DURATION

CHECK OFF EACH 8 OZ. WATER SERVING

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEAL 1

TIME

MEAL 2

TIME

MEAL 3

TIME

MEAL 4

TIME

MEAL 5

TIME

MEAL 6

TIME

DESCRIBE HOW YOU FEEL

CONCERNS

DAY 49

DATE

SLEEP HRS

SUPPLEMENTS

TYPE OF EXERCISE AND DURATION

CHECK OFF EACH 8 OZ. WATER SERVING

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEAL 1

TIME

MEAL 2

TIME

MEAL 3

TIME

MEAL 4

TIME

MEAL 5

TIME

MEAL 6

TIME

DESCRIBE HOW YOU FEEL

CONCERNS

DAY 50

DATE

SLEEP HRS

SUPPLEMENTS

TYPE OF EXERCISE AND DURATION

CHECK OFF EACH 8 OZ. WATER SERVING

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEAL 1

TIME

MEAL 2

TIME

MEAL 3

TIME

MEAL 4

TIME

MEAL 5

TIME

MEAL 6

TIME

DESCRIBE HOW YOU FEEL

CONCERNS

DAY 51

DATE

SLEEP HRS

SUPPLEMENTS

TYPE OF EXERCISE AND DURATION

CHECK OFF EACH 8 OZ. WATER SERVING

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEAL 1

TIME

MEAL 2

TIME

MEAL 3

TIME

MEAL 4

TIME

MEAL 5

TIME

MEAL 6

TIME

DESCRIBE HOW YOU FEEL

CONCERNS

DAY 52

DATE

SLEEP HRS

SUPPLEMENTS

TYPE OF EXERCISE AND DURATION

CHECK OFF EACH 8 OZ. WATER SERVING

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEAL 1

TIME

MEAL 2

TIME

MEAL 3

TIME

MEAL 4

TIME

MEAL 5

TIME

MEAL 6

TIME

DESCRIBE HOW YOU FEEL

CONCERNS

DAY 53

DATE

SLEEP HRS

SUPPLEMENTS

TYPE OF EXERCISE AND DURATION

CHECK OFF EACH 8 OZ. WATER SERVING

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEAL 1

TIME

MEAL 2

TIME

MEAL 3

TIME

MEAL 4

TIME

MEAL 5

TIME

MEAL 6

TIME

DESCRIBE HOW YOU FEEL

CONCERNS

DAY 54

DATE

SLEEP HRS

SUPPLEMENTS

TYPE OF EXERCISE AND DURATION

CHECK OFF EACH 8 OZ. WATER SERVING

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEAL 1

TIME

MEAL 2

TIME

MEAL 3

TIME

MEAL 4

TIME

MEAL 5

TIME

MEAL 6

TIME

DESCRIBE HOW YOU FEEL

CONCERNS

DAY 55

DATE

SLEEP HRS

SUPPLEMENTS

TYPE OF EXERCISE AND DURATION

CHECK OFF EACH 8 OZ. WATER SERVING

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEAL 1

TIME

MEAL 2

TIME

MEAL 3

TIME

MEAL 4

TIME

MEAL 5

TIME

MEAL 6

TIME

DESCRIBE HOW YOU FEEL

CONCERNS

DAY 56

DATE

SLEEP HRS

SUPPLEMENTS

TYPE OF EXERCISE AND DURATION

CHECK OFF EACH 8 OZ. WATER SERVING

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEAL 1

TIME

MEAL 2

TIME

MEAL 3

TIME

MEAL 4

TIME

MEAL 5

TIME

MEAL 6

TIME

DESCRIBE HOW YOU FEEL

CONCERNS

DAY 57

DATE

SLEEP HRS

SUPPLEMENTS

TYPE OF EXERCISE AND DURATION

CHECK OFF EACH 8 OZ. WATER SERVING

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEAL 1

TIME

MEAL 2

TIME

MEAL 3

TIME

MEAL 4

TIME

MEAL 5

TIME

MEAL 6

TIME

DESCRIBE HOW YOU FEEL

CONCERNS

DAY 58

DATE

SLEEP HRS

SUPPLEMENTS

TYPE OF EXERCISE AND DURATION

CHECK OFF EACH 8 OZ. WATER SERVING

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEAL 1

TIME

MEAL 2

TIME

MEAL 3

TIME

MEAL 4

TIME

MEAL 5

TIME

MEAL 6

TIME

DESCRIBE HOW YOU FEEL

CONCERNS

DAY 59

DATE

SLEEP HRS

SUPPLEMENTS

TYPE OF EXERCISE AND DURATION

CHECK OFF EACH 8 OZ. WATER SERVING

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEAL 1

TIME

MEAL 2

TIME

MEAL 3

TIME

MEAL 4

TIME

MEAL 5

TIME

MEAL 6

TIME

DESCRIBE HOW YOU FEEL

CONCERNS

DAY 60

DATE

SLEEP HRS

SUPPLEMENTS

TYPE OF EXERCISE AND DURATION

CHECK OFF EACH 8 OZ. WATER SERVING

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEAL 1

TIME

MEAL 2

TIME

MEAL 3

TIME

MEAL 4

TIME

MEAL 5

TIME

MEAL 6

TIME

DESCRIBE HOW YOU FEEL

CONCERNS

DAY 61

DATE

SLEEP HRS

SUPPLEMENTS

TYPE OF EXERCISE AND DURATION

CHECK OFF EACH 8 OZ. WATER SERVING

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEAL 1

TIME

MEAL 2

TIME

MEAL 3

TIME

MEAL 4

TIME

MEAL 5

TIME

MEAL 6

TIME

DESCRIBE HOW YOU FEEL

CONCERNS

DAY 62

DATE

SLEEP HRS

SUPPLEMENTS

TYPE OF EXERCISE AND DURATION

CHECK OFF EACH 8 OZ. WATER SERVING

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEAL 1

TIME

MEAL 2

TIME

MEAL 3

TIME

MEAL 4

TIME

MEAL 5

TIME

MEAL 6

TIME

DESCRIBE HOW YOU FEEL

CONCERNS

DAY 63

DATE

SLEEP HRS

SUPPLEMENTS

TYPE OF EXERCISE AND DURATION

CHECK OFF EACH 8 OZ. WATER SERVING

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEAL 1

TIME

MEAL 2

TIME

MEAL 3

TIME

MEAL 4

TIME

MEAL 5

TIME

MEAL 6

TIME

DESCRIBE HOW YOU FEEL

CONCERNS

DAY 64

DATE

SLEEP HRS

SUPPLEMENTS

TYPE OF EXERCISE AND DURATION

CHECK OFF EACH 8 OZ. WATER SERVING

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEAL 1

TIME

MEAL 2

TIME

MEAL 3

TIME

MEAL 4

TIME

MEAL 5

TIME

MEAL 6

TIME

DESCRIBE HOW YOU FEEL

CONCERNS

DAY 65

DATE

SLEEP HRS

SUPPLEMENTS

TYPE OF EXERCISE AND DURATION

CHECK OFF EACH 8 OZ. WATER SERVING

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEAL 1

TIME

MEAL 2

TIME

MEAL 3

TIME

MEAL 4

TIME

MEAL 5

TIME

MEAL 6

TIME

DESCRIBE HOW YOU FEEL

CONCERNS

DAY 66

DATE

SLEEP HRS

SUPPLEMENTS

TYPE OF EXERCISE AND DURATION

CHECK OFF EACH 8 OZ. WATER SERVING

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEAL 1

TIME

MEAL 2

TIME

MEAL 3

TIME

MEAL 4

TIME

MEAL 5

TIME

MEAL 6

TIME

DESCRIBE HOW YOU FEEL

CONCERNS

DAY 67

DATE

SLEEP HRS

SUPPLEMENTS

TYPE OF EXERCISE AND DURATION

CHECK OFF EACH 8 OZ. WATER SERVING

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEAL 1

TIME

MEAL 2

TIME

MEAL 3

TIME

MEAL 4

TIME

MEAL 5

TIME

MEAL 6

TIME

DESCRIBE HOW YOU FEEL

CONCERNS

DAY 68

DATE

SLEEP HRS

SUPPLEMENTS

TYPE OF EXERCISE AND DURATION

CHECK OFF EACH 8 OZ. WATER SERVING

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEAL 1

TIME

MEAL 2

TIME

MEAL 3

TIME

MEAL 4

TIME

MEAL 5

TIME

MEAL 6

TIME

DESCRIBE HOW YOU FEEL

CONCERNS

DAY 69

DATE

SLEEP HRS

SUPPLEMENTS

TYPE OF EXERCISE AND DURATION

CHECK OFF EACH 8 OZ. WATER SERVING

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEAL 1

TIME

MEAL 2

TIME

MEAL 3

TIME

MEAL 4

TIME

MEAL 5

TIME

MEAL 6

TIME

DESCRIBE HOW YOU FEEL

CONCERNS

DAY 70

DATE

SLEEP HRS

SUPPLEMENTS

TYPE OF EXERCISE AND DURATION

CHECK OFF EACH 8 OZ. WATER SERVING

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEAL 1

TIME

MEAL 2

TIME

MEAL 3

TIME

MEAL 4

TIME

MEAL 5

TIME

MEAL 6

TIME

DESCRIBE HOW YOU FEEL

CONCERNS

DAY 71

DATE

SLEEP HRS

SUPPLEMENTS

TYPE OF EXERCISE AND DURATION

CHECK OFF EACH 8 OZ. WATER SERVING

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEAL 1

TIME

MEAL 2

TIME

MEAL 3

TIME

MEAL 4

TIME

MEAL 5

TIME

MEAL 6

TIME

DESCRIBE HOW YOU FEEL

CONCERNS

DAY 72

DATE

SLEEP HRS

SUPPLEMENTS

TYPE OF EXERCISE AND DURATION

CHECK OFF EACH 8 OZ. WATER SERVING

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEAL 1

TIME

MEAL 2

TIME

MEAL 3

TIME

MEAL 4

TIME

MEAL 5

TIME

MEAL 6

TIME

DESCRIBE HOW YOU FEEL

CONCERNS

DAY 73

DATE

SLEEP HRS

SUPPLEMENTS

TYPE OF EXERCISE AND DURATION

CHECK OFF EACH 8 OZ. WATER SERVING

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEAL 1

TIME

MEAL 2

TIME

MEAL 3

TIME

MEAL 4

TIME

MEAL 5

TIME

MEAL 6

TIME

DESCRIBE HOW YOU FEEL

CONCERNS

DAY 74

DATE

SLEEP HRS

SUPPLEMENTS

TYPE OF EXERCISE AND DURATION

CHECK OFF EACH 8 OZ. WATER SERVING

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEAL 1

TIME

MEAL 2

TIME

MEAL 3

TIME

MEAL 4

TIME

MEAL 5

TIME

MEAL 6

TIME

DESCRIBE HOW YOU FEEL

CONCERNS

DAY 75

DATE

SLEEP HRS

SUPPLEMENTS

TYPE OF EXERCISE AND DURATION

CHECK OFF EACH 8 OZ. WATER SERVING

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEAL 1

TIME

MEAL 2

TIME

MEAL 3

TIME

MEAL 4

TIME

MEAL 5

TIME

MEAL 6

TIME

DESCRIBE HOW YOU FEEL

CONCERNS

DAY 76

DATE

SLEEP HRS

SUPPLEMENTS

TYPE OF EXERCISE AND DURATION

CHECK OFF EACH 8 OZ. WATER SERVING

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEAL 1

TIME

MEAL 2

TIME

MEAL 3

TIME

MEAL 4

TIME

MEAL 5

TIME

MEAL 6

TIME

DESCRIBE HOW YOU FEEL

CONCERNS

DAY 77

DATE

SLEEP HRS

SUPPLEMENTS

TYPE OF EXERCISE AND DURATION

CHECK OFF EACH 8 OZ. WATER SERVING

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEAL 1

TIME

MEAL 2

TIME

MEAL 3

TIME

MEAL 4

TIME

MEAL 5

TIME

MEAL 6

TIME

DESCRIBE HOW YOU FEEL

CONCERNS

DAY 78

DATE

SLEEP HRS

SUPPLEMENTS

TYPE OF EXERCISE AND DURATION

CHECK OFF EACH 8 OZ. WATER SERVING

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEAL 1

TIME

MEAL 2

TIME

MEAL 3

TIME

MEAL 4

TIME

MEAL 5

TIME

MEAL 6

TIME

DESCRIBE HOW YOU FEEL

CONCERNS

DAY 79

DATE

SLEEP HRS

SUPPLEMENTS

TYPE OF EXERCISE AND DURATION

CHECK OFF EACH 8 OZ. WATER SERVING

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEAL 1

TIME

MEAL 2

TIME

MEAL 3

TIME

MEAL 4

TIME

MEAL 5

TIME

MEAL 6

TIME

DESCRIBE HOW YOU FEEL

CONCERNS

DAY 80

DATE

SLEEP HRS

SUPPLEMENTS

TYPE OF EXERCISE AND DURATION

CHECK OFF EACH 8 OZ. WATER SERVING

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEAL 1

TIME

MEAL 2

TIME

MEAL 3

TIME

MEAL 4

TIME

MEAL 5

TIME

MEAL 6

TIME

DESCRIBE HOW YOU FEEL

CONCERNS

DAY 81

DATE

SLEEP HRS

SUPPLEMENTS

TYPE OF EXERCISE AND DURATION

CHECK OFF EACH 8 OZ. WATER SERVING

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEAL 1

TIME

MEAL 2

TIME

MEAL 3

TIME

MEAL 4

TIME

MEAL 5

TIME

MEAL 6

TIME

DESCRIBE HOW YOU FEEL

CONCERNS

DAY 82

DATE

SLEEP HRS

SUPPLEMENTS

TYPE OF EXERCISE AND DURATION

CHECK OFF EACH 8 OZ. WATER SERVING

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEAL 1

TIME

MEAL 2

TIME

MEAL 3

TIME

MEAL 4

TIME

MEAL 5

TIME

MEAL 6

TIME

DESCRIBE HOW YOU FEEL

CONCERNS

DAY 83

DATE

SLEEP HRS

SUPPLEMENTS

TYPE OF EXERCISE AND DURATION

CHECK OFF EACH 8 OZ. WATER SERVING

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEAL 1

TIME

MEAL 2

TIME

MEAL 3

TIME

MEAL 4

TIME

MEAL 5

TIME

MEAL 6

TIME

DESCRIBE HOW YOU FEEL

CONCERNS

DAY 84

DATE

SLEEP HRS

SUPPLEMENTS

TYPE OF EXERCISE AND DURATION

CHECK OFF EACH 8 OZ. WATER SERVING

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEAL 1

TIME

MEAL 2

TIME

MEAL 3

TIME

MEAL 4

TIME

MEAL 5

TIME

MEAL 6

TIME

DESCRIBE HOW YOU FEEL

CONCERNS

DAY 85

DATE

SLEEP HRS

SUPPLEMENTS

TYPE OF EXERCISE AND DURATION

CHECK OFF EACH 8 OZ. WATER SERVING

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEAL 1

TIME

MEAL 2

TIME

MEAL 3

TIME

MEAL 4

TIME

MEAL 5

TIME

MEAL 6

TIME

DESCRIBE HOW YOU FEEL

CONCERNS

DAY 86

DATE

SLEEP HRS

SUPPLEMENTS

TYPE OF EXERCISE AND DURATION

CHECK OFF EACH 8 OZ. WATER SERVING

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEAL 1

TIME

MEAL 2

TIME

MEAL 3

TIME

MEAL 4

TIME

MEAL 5

TIME

MEAL 6

TIME

DESCRIBE HOW YOU FEEL

CONCERNS

DAY 87

DATE

SLEEP HRS

SUPPLEMENTS

TYPE OF EXERCISE AND DURATION

CHECK OFF EACH 8 OZ. WATER SERVING

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEAL 1

TIME

MEAL 2

TIME

MEAL 3

TIME

MEAL 4

TIME

MEAL 5

TIME

MEAL 6

TIME

DESCRIBE HOW YOU FEEL

CONCERNS

DAY 88

DATE

SLEEP HRS

SUPPLEMENTS

TYPE OF EXERCISE AND DURATION

CHECK OFF EACH 8 OZ. WATER SERVING

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEAL 1

TIME

MEAL 2

TIME

MEAL 3

TIME

MEAL 4

TIME

MEAL 5

TIME

MEAL 6

TIME

DESCRIBE HOW YOU FEEL

CONCERNS

DAY 89

DATE

SLEEP HRS

SUPPLEMENTS

TYPE OF EXERCISE AND DURATION

CHECK OFF EACH 8 OZ. WATER SERVING

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEAL 1

TIME

MEAL 2

TIME

MEAL 3

TIME

MEAL 4

TIME

MEAL 5

TIME

MEAL 6

TIME

DESCRIBE HOW YOU FEEL

CONCERNS

DAY 90

DATE

SLEEP HRS

SUPPLEMENTS

TYPE OF EXERCISE AND DURATION

CHECK OFF EACH 8 OZ. WATER SERVING

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEAL 1

TIME

MEAL 2

TIME

MEAL 3

TIME

MEAL 4

TIME

MEAL 5

TIME

MEAL 6

TIME

DESCRIBE HOW YOU FEEL

CONCERNS

Weekly Weight Tracking Sheet

Helpful tip: To ensure that you get the most accurate reading, always weigh yourself on the same day of the week and at the same time of the day.

START WEIGHT _____

WEEK #	DATE	WEIGHT
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		

END WEIGHT _____



CONGRATULATIONS,
YOU HAVE COMPLETED
THE 90-DAY CHALLENGE.