

__/__/__	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Breakfast Protein Dairy Grain							
Snack Protein Fruit							
Lunch Protein Dairy Grain Veggie							
Snack Protein Fruit							
Dinner Protein Dairy Grain Veggie							
Snack Protein Fruit							
WATER 64 Oz +							
Cardio 30 min +							
Isometric							
Vitamins							
Breathe 10x3							
Comments							

GOAL: _____ **REWARD:** _____

Weight: _____ **Did you reach your goal?** _____

I felt: _____ Energetic _____ hungry _____ tired _____ less stressed _____ other _____