

FREE 21 DAY CHALLENGE TRACKING SHEET: Phase I Days 1-7



NAME: _____

DATE: _____

<p>BREAKFAST Time: _____</p> <p><input type="checkbox"/> 8 oz. warm lemon water</p> <p><input type="checkbox"/> 1 serving fruit</p> <p><input type="checkbox"/> 1 serving protein</p> <p><input type="checkbox"/> 3+ servings vegetables</p>	<p>SNACK Time: _____</p> <p><input type="checkbox"/> 8 oz. water</p> <p><input type="checkbox"/> 1 serving fruit</p>
--	--

MVI OPC-3 Lemon & Water NutriClean AM Regimen Other Supplements? _____

<p>LUNCH Time: _____</p> <p><input type="checkbox"/> 16 oz. water</p> <p><input type="checkbox"/> 1 serving good fat</p> <p><input type="checkbox"/> 3+ serving vegetables</p>	<p>SNACK Time: _____</p> <p><input type="checkbox"/> 8 oz. water</p> <p><input type="checkbox"/> 2+ servings vegetables</p> <p><input type="checkbox"/> 1 serving fruit</p>
--	---

CORE Other Supplements? _____

<p>DINNER Time: _____</p> <p><input type="checkbox"/> 16 oz. water</p> <p><input type="checkbox"/> 1 serving protein</p> <p><input type="checkbox"/> 1 serving good fat</p> <p><input type="checkbox"/> 3+ servings vegetables</p>	<p>SNACK Time: _____</p> <p><input type="checkbox"/> 8 oz. water</p> <p><input type="checkbox"/> 1 serving vegetable</p>
--	--

CORE NutriClean PM Regimen Other Supplements? _____

Water:

Sleep: _____ hours

Comments:

KEY:

FREE 21 DAY CHALLENGE TRACKING SHEET: Phase 2 Days 8-21



NAME: _____

DATE: _____

<p>BREAKFAST Time: _____</p> <p><input type="checkbox"/> 16 oz. water</p> <p><input type="checkbox"/> 1 serving protein</p> <p><input type="checkbox"/> 3 servings vegetables</p>	<p>SNACK Time: _____</p> <p><input type="checkbox"/> 1 TLS Nutrition Shake with 8 oz. of water</p> <p><input type="checkbox"/> 1 serving fruit</p>
---	--

MVI OPC-3 Other Supplements? _____

<p>LUNCH Time: _____</p> <p><input type="checkbox"/> 16 oz. water</p> <p><input type="checkbox"/> 1 serving good fat</p> <p><input type="checkbox"/> 1 serving protein</p> <p><input type="checkbox"/> 2 servings vegetables</p>	<p>SNACK Time: _____</p> <p><input type="checkbox"/> 1 TLS Nutrition Shake with 8 oz. of water</p> <p><input type="checkbox"/> 2 servings vegetables</p>
--	--

CORE Other Supplements? _____

<p>DINNER Time: _____</p> <p><input type="checkbox"/> 16 oz. water</p> <p><input type="checkbox"/> 1 serving good fat</p> <p><input type="checkbox"/> 1 serving protein</p> <p><input type="checkbox"/> 3 servings vegetables</p>	<p>SNACK Time: _____</p> <p><input type="checkbox"/> 1 serving of protein within 30 minutes of exercise</p>
---	---

CORE Other Supplements? _____

Water:

Sleep: _____ hours

Exercise: _____ type

Exercise: _____ minutes

Comments:

KEY: