

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



NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

<p><b>BREAKFAST</b> <span style="float: right;">Time: _____</span></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><b>SNACK</b> <span style="float: right;">Time: _____</span></p> <p><input type="checkbox"/> 8 oz. water</p> <p><input type="checkbox"/> 1 serving fruit</p>
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MVI    OPC-3    Lemon & Water    NutriClean AM Regimen    Other Supplements? \_\_\_\_\_

<p><b>LUNCH</b> <span style="float: right;">Time: _____</span></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><b>SNACK</b> <span style="float: right;">Time: _____</span></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>
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CORE    Other Supplements? \_\_\_\_\_

<p><b>DINNER</b> <span style="float: right;">Time: _____</span></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><b>SNACK</b> <span style="float: right;">Time: _____</span></p> <p><input type="checkbox"/> 8 oz. water</p> <p><input type="checkbox"/> 1 serving vegetable</p>
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CORE    NutriClean PM Regimen    Other Supplements? \_\_\_\_\_

Water:

Sleep: \_\_\_\_\_ hours

Comments:

**KEY:**

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



NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

<b>BREAKFAST</b> <span style="float: right;">Time: _____</span> <input type="checkbox"/> 16 oz. water <input type="checkbox"/> 1 serving protein <input type="checkbox"/> 3 servings vegetables	<b>SNACK</b> <span style="float: right;">Time: _____</span> <input type="checkbox"/> 1 TLS Nutrition Shake with 8 oz. of water <input type="checkbox"/> 1 serving fruit
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MVI    OPC-3    Other Supplements? \_\_\_\_\_

<b>LUNCH</b> <span style="float: right;">Time: _____</span> <input type="checkbox"/> 16 oz. water <input type="checkbox"/> 1 serving good fat <input type="checkbox"/> 1 serving protein <input type="checkbox"/> 2 servings vegetables	<b>SNACK</b> <span style="float: right;">Time: _____</span> <input type="checkbox"/> 1 TLS Nutrition Shake with 8 oz. of water <input type="checkbox"/> 2 servings vegetables
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CORE    Other Supplements? \_\_\_\_\_

<b>DINNER</b> <span style="float: right;">Time: _____</span> <input type="checkbox"/> 16 oz. water <input type="checkbox"/> 1 serving good fat <input type="checkbox"/> 1 serving protein <input type="checkbox"/> 3 servings vegetables	<b>SNACK</b> <span style="float: right;">Time: _____</span> <input type="checkbox"/> 1 serving of protein within 30 minutes of exercise
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CORE    Other Supplements? \_\_\_\_\_

Water:

Sleep: \_\_\_\_\_ hours

Exercise: \_\_\_\_\_ type

Exercise: \_\_\_\_\_ minutes

Comments:

## KEY: