

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



NAME: _____

DATE: _____

<p>BREAKFAST Time: _____</p> <p><input type="checkbox"/> 1 cup 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"/> 1 cup water</p> <p><input type="checkbox"/> 1 serving fruit</p>
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MVI OPC-3 Lemon & Water Aloe Other Supplements? _____

<p>LUNCH Time: _____</p> <p><input type="checkbox"/> 2 cups 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"/> 1 cup water</p> <p><input type="checkbox"/> 2+ servings vegetables</p> <p><input type="checkbox"/> 1 serving fruit</p>
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Other Supplements? _____

<p>DINNER Time: _____</p> <p><input type="checkbox"/> 2 cups 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"/> 1 cup water</p> <p><input type="checkbox"/> 1 serving vegetable</p>
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Aloe Other Supplements? _____

Water:

Sleep: _____ hours

Comments:

KEY:

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



NAME: _____

DATE: _____

BREAKFAST <input type="checkbox"/> 2 cups water <input type="checkbox"/> 1 serving protein <input type="checkbox"/> 3 servings vegetables	Time: _____	SNACK <input type="checkbox"/> 1 TLS Nutrition Shake with 1 cup of water <input type="checkbox"/> 1 serving fruit	Time: _____
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MVI OPC-3 ISO Other Supplements? _____

LUNCH <input type="checkbox"/> 2 cups water <input type="checkbox"/> 1 serving good fat <input type="checkbox"/> 1 serving protein <input type="checkbox"/> 2 servings vegetables	Time: _____	SNACK <input type="checkbox"/> 1 TLS Nutrition Shake with 1 cup of water <input type="checkbox"/> 2 servings vegetables	Time: _____
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ISO Other Supplements? _____

DINNER <input type="checkbox"/> 2 cups water <input type="checkbox"/> 1 serving good fat <input type="checkbox"/> 1 serving protein <input type="checkbox"/> 3 servings vegetables	Time: _____	SNACK <input type="checkbox"/> 1 serving of protein within 30 minutes of exercise	Time: _____
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Other Supplements? _____

Water:

Sleep: _____ hours

Exercise: _____ type

Exercise: _____ minutes

Comments:

KEY: