

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

DAY: \_\_\_\_\_

COACH: \_\_\_\_\_

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

## SLEEP

FILL IN THE NUMBER  
OF HOURS YOU GOT:



You should be getting an  
average of 7-8 hours of  
sleep per night

## HEALTHY EATING TIP:

Make changes gradually.



## WHAT I ATE TODAY

BREAKFAST

SNACK

LUNCH

SNACK

DINNER

SNACK  
(OPTIONAL)

TIME: \_\_\_\_:\_\_\_\_ AM  
PM

TIME: \_\_\_\_:\_\_\_\_ AM  
PM

TIME: \_\_\_\_:\_\_\_\_ AM  
PM

TIME: \_\_\_\_:\_\_\_\_ AM  
PM

TIME: \_\_\_\_:\_\_\_\_ AM  
PM

TIME: \_\_\_\_:\_\_\_\_ AM  
PM

### DAILY

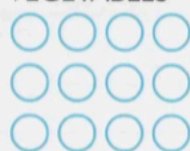
### SERVINGS

### CHECKLIST:

CHECK ALL THAT APPLY

PLEASE REFER TO YOUR  
TLS MENU PLAN FOR PROGRAM  
SPECIFIC POWER FOODS AND  
SERVING SIZES.

VEGETABLES



PROTEINS



FRUITS



DAIRY



GOOD  
FAT



LOW-GI  
STARCHES



WHOLE  
GRAINS



### HYDRATION:

CHECK A GLASS FOR  
EACH 8 OZ. GLASS  
YOU DRANK TODAY



64 OZ.

### SUPPLEMENTS:

CIRCLE THE SUPPLEMENTS  
YOU TOOK TODAY  
(READ THE LABEL FOR  
DIRECTIONS).



Multivitamin  
Thermochrome



CORE  
ACTS



CLA  
Green Coffee



Nutrition  
Shakes



Whey Protein  
Shakes

### EXERCISE:

CHECK EACH EXERCISE  
YOU PERFORMED TODAY



CARDIO:  
# OF MINUTES



YOGA/STRETCH:  
# OF MINUTES



WEIGHT TRAINING:  
# OF MINUTES



OTHER:  
# OF MINUTES

## WEEK 1

Print 7 sheets.

Use this sheet with the detox meal plan, and include all  
recommended supplements EXCEPT the detox kit.

