

Day 2

S M T W T F S

Date: ____ / ____ / ____

Good morning! How are you feeling this morning?

Weight (lbs) _____

How did you sleep? Rested?

Hours of Sleep _____

Sleep Quality ☆☆☆☆☆

Energy Level 

Y N Did you have an appetite for breakfast?

Y N Did you ask the 4 questions?

Y N Do you feel satisfied?

What did you eat?

Let's set some intentions:

What are your goals for the day?

Y N Were you active today?

How did you feel after exercising?

Tip of the Day

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Take note of any cravings today

Salty Sweet Carbs

Midday Check In:

How are you doing with today's intentions? Are you on track?

_____ Bowel Movements

Y N Did you take your supplements today?

Evening Reflections:

How are you feeling about your day?

What did you excel at today?

What do you want to work on for tomorrow?

Daily Water

