

1. Review the train your brain guidelines, follow them closely each day. (Worksheet 1)
2. Keep a more detailed food log and track your emotions and cravings more carefully throughout the day. (Worksheet 2)
3. Next time you have a craving write down what you are craving, what emotion it is associated with, how the craving would calm the situation and what you could do instead. (Worksheet 3)
4. Keep following the Club Reduce[®] Eating and Healthy Living Guidelines.
5. Listen to Self-Mastery Technology daily.

Worksheet 1: Retrain Your Brain Guidelines

Check off every day that you have followed the guidelines.

1. Start each morning off with a healthy breakfast, such as an Herbalogica shake. It is an excellent source of protein and will help curb cravings throughout the day
2. Include food throughout the day that helps your blood sugar stay at a healthy level (vegetables, fruits, greens, etc.)
3. Don't let yourself get too hungry. This can affect your choices for healthy food.
4. Plan ahead.
5. Ask for support.
6. Exercise regularly. This helps curb cravings and takes your mind off of food.
7. Go to bed early and get enough sleep each night.
8. Take time to relax.
9. Track your cravings and emotions throughout the day and recognize the emotions that trigger your cravings.
10. Realize, the longer you stay away from cravings, the easier it becomes to never go back.

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Start each morning off with a healthy breakfast, such as an Herbalogica shake. It is an excellent source of protein and will help curb cravings throughout the day							
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Realize, the longer you stay away from cravings, the easier it becomes to never go back.							

Club Reduce® Daily Success Planning Worksheet

It has been proven that people who keep a daily food diary lose twice as much weight.

Breakfast:	Food Craving	Emotion	Assess your Hunger
			Before Eating: 0 1 2 3 4 5 6 7 8 9 10
			After Eating: 0 1 2 3 4 5 6 7 8 9 10
Mid-Morning Snack:	Food Craving	Emotion	Assess your Hunger
			Before Eating: 0 1 2 3 4 5 6 7 8 9 10
			After Eating: 0 1 2 3 4 5 6 7 8 9 10
Lunch:	Food Craving	Emotion	Assess your Hunger
			Before Eating: 0 1 2 3 4 5 6 7 8 9 10
			After Eating: 0 1 2 3 4 5 6 7 8 9 10
Mid-Afternoon Snack:	Food Craving	Emotion	Assess your Hunger
			Before Eating: 0 1 2 3 4 5 6 7 8 9 10
			After Eating: 0 1 2 3 4 5 6 7 8 9 10
Dinner:	Food Craving	Emotion	Assess your Hunger
			Before Eating: 0 1 2 3 4 5 6 7 8 9 10
			After Eating: 0 1 2 3 4 5 6 7 8 9 10
<p>Did I follow the Club Reduce® nutrition guidelines for the day? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Did I save time, calories, and money by replacing a meal with a Herbalogica shake today? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Did I drink $\frac{1}{2}$ body weight in ounces? _____ oz.</p> <p>Did I track my calories? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Did I practice mindful eating by savoring each bite and chewing my food thoroughly and slowly? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Did I listen to my body and eat when I was hungry? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Did I eat for emotional reasons? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If I ate for emotional reasons, why? _____</p> <p>What was I feeling when I ate: _____</p> <p>Did I use Self-Mastery Technology? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Did I exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes how long and what type of exercises did you do? _____ Hr/Min Type of exercise: _____</p> <p>Hours of sleep received last night _____ hr _____ min</p> <p>Rate stress level today (1=low, 10=high) 1 2 3 4 5 6 7 8 9 10</p> <p>If stressed, did I use any relaxation techniques? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do I have everything I need for the next few days to make all of my meals? <input type="checkbox"/> Yes <input type="checkbox"/> No If not I'm going to shop on _____ / _____ / _____</p> <p>From what I did yesterday, am I closer to my goal? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>My weight today: _____</p>			

Worksheet 3: Cravings

Craving 1: _____

Emotion associated with the craving: _____

How do I believe the food will calm my current situation? _____

What can I do instead? _____

Craving 2: _____

Emotion associated with the craving: _____

How do I believe the food will calm my current situation? _____

What can I do instead? _____

Worksheet 3: Cravings Ctd.

Craving 3: _____

Emotion associated with the craving: _____

How do I believe the food will calm my current situation? _____

What can I do instead? _____

Craving 4: _____

Emotion associated with the craving: _____

How do I believe the food will calm my current situation? _____

What can I do instead? _____
