

Day 7-

Date _____

Checklist

What time I woke up _____

Total hours of sleep last night _____

___ Water intake of half body weight in oz.

AM Supplements:

Body Purifier- 2 Multivitamin/mineral- 2 Cellulite Cleanse- 2
 Intestinal Cleanser- 2 Appetite Appeaser- 2 _____
 Fiber Blend- 5 Vitamin D- 2 _____

Breakfast _____

Calories _____

Were you hungry when you ate? _____

Did you eat emotionally? _____

Did you crave anything? _____

Did you use EFT? _____

Snack _____

Calories _____

Notes _____

Lunch _____

Calories _____

Were you hungry when you ate? _____

Did you eat emotionally? _____

Did you crave anything? _____

Did you use EFT? _____

Snack _____

Calories _____

Notes _____

PM Supplements:

Body Purifier- 2 Multivitamin/mineral- 2 Cellulite Cleanse- 2
 Intestinal Cleanser- 2 Appetite Appeaser- 2 _____
 Fiber Blend- 5 Vitamin D- 2 _____

Dinner _____

Calories _____

Were you hungry when you ate? _____

Did you eat emotionally? _____

Did you crave anything? _____

Did you use EFT? _____

Snack _____

Calories _____

Daily Calorie Total _____

Daily Calorie Goal _____

Notes _____

What time I went to bed _____

Exercise _____

