

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 \_\_\_\_\_

Notes \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Daily Calorie Total \_\_\_\_\_

Daily Calorie Goal \_\_\_\_\_

What time I went to bed \_\_\_\_\_

Exercise \_\_\_\_\_



