

12-MONTH MAINTENANCE PROGRAM



12-MONTH MAINTENANCE PROGRAM

Table of Contents

The 12-Month Maintenance Program	3
10 Tools for Weight Maintenance	4-6
Implementing Your Maintenance Program	7
Your DAILY Maintenance Plan	8
Your WEEKLY Maintenance Plan	8
Your MONTHLY Maintenance Plan	8
Your QUARTERLY Maintenance Plan	8
Healthy Eating Principles	9-10
Structuring Your Diet on the 12-Month Maintenance Program	11
Food List	12-15
Healthy Food Substitutes	16-17
Quarterly Detoxification	18
Healing Crisis	19-20
Basic Daily Recommended Solutions4 Supplements	21
Recommended Treatment Services	22-26
Detoxifying Body Wraps	22
Infrared Sauna	23
Exercise With Oxygen	24
Whole Body Vibration	25
Self-Mastery Technology	26
Club Reduce Membership Site	27
Daily Success Planning Worksheets	28-60
Detox Days	58-60
Calorie Index	61-64
Solutions4 Product Short Sheets	65-102

The 12-Month Maintenance Program

Congratulations! You've completed your program, and all of your hard work has paid off. Now it's time to maintain your new body!

Our goal at Club Reduce® is to continue to help the body heal itself naturally. When your body is really healthy, you will arrive at your proper weight. The key now is to continue a healthy lifestyle and keep your body healthy and well.

Did you know that 95% of regular people who lose weight gain it back? At Club Reduce® we are determined to help you maintain your weight loss and improve your health for the rest of your life.

It's easy to see why *95 % of people* gain their weight back after they lose it. When someone goes on a "diet" they follow strict guidelines and focus on losing their weight. Once they lose their weight, they stop following "strict" guidelines. Instead, they typically follow NO guidelines at all!

With the 12-Month Maintenance Program you have an exciting new focus that becomes our lifestyle. You will learn to become the happy, healthy, vibrant person you always wanted to be. AND...you will learn how to maintain a healthy lifestyle to ensure that the weight you have lost stays off.

We will help to educate you on how to live and maintain a new and improved lifestyle. Our doctors have spent over 20 years researching and testing methods with thousands and thousands of patients.

The program you are about to embark upon is a result of all that work.

We seek to provide the most natural ingredients in the highest quality possible, in order to offer the nutrition and building ingredients that the body needs most to reach a level of complete wellness. We follow the preventive health approach, using nutrition and wellness to fight off disease and extra body weight.

We strive to beautify and better the body using natural, healthy methods, rather than introducing harmful chemicals, surgery, or addictive drugs.

We want to be a lifetime partner with you in seeking improved health and lifestyle.

We seek constant improvement in our programs, and hope that you will also seek constant improvement in your compliance with a healthy lifestyle.

We are honored to partner with you in the new and exciting adventure into improved health

10 Tools for Weight Maintenance

At Club Reduce®, we combine the tools so you won't ever fall into the trap of gaining your weight back! There are 10 amazing tools that work synergistically together to ensure you keep your weight off, maintain your high energy level, and have the health and vitality you desire!

Maintenance Tool #1:

All-Access Pass to Club Reduce® Membership Site

With this exclusive membership, you'll be able to access multiple tools to help you stay skinny and healthy! Track your weight loss, watch weekly **Learn & Lose** classes, and participate in a national community of other Club Reduce® members! Not to mention, you can purchase your favorite Solutions4 products at a **10% discount**! Your **Club Reduce® Membership Site** will house all the tools you need to keep your weight off.

Maintenance Tool #2:

Replace One Meal a Day with a Solutions4 Nutritional Shake

One great way to maintain your new skinnier and healthier figure is by replacing one meal a day with a delicious **Solutions4 Nutritional Shake**. These shakes can save you money, calories, and time—and don't forget you'll get a **10% discount** when you purchase online through your **Club Reduce® Membership Site**!

Maintenance Tool #3:

Daily Nutritional Supplements to Maintain Your New Look and Health

Help curb your appetite and keep up your energy and your new look with supplements like **Appetite Appeaser**, **Digestive Enzyme Blend**, and **Cellulite Cleanse**. We are more than happy to create a recommended list of daily supplements based on the results of your **Symptom Assessment**. Remember, all of your favorite **Solutions4** products are available at a **10% discount** on your **Club Reduce® Membership Site**!

Maintenance Tool #4:

Self-Mastery Technology

Self-Mastery Technology (SMT) can help you radically change the way you see yourself. Once you have this new and improved self-image, everything else changes...junk food and fast food lose their appeal, you only eat when you are hungry—and so much more!

Maintenance Tool #5:

Daily Application of Inch-Loss Lotions and Non-Toxic Skin Care

With the help of amazing Solutions4 products like **Anti-Cellulite Lotion** and **Exercise Gel**, you can keep the inches from creeping back! Most soaps and makeup are filled with toxic chemicals that will hamper any weight management program. Luckily for you, Solutions4 has a line of **non-toxic doctors-only skin care** to help you stay healthy and skinny! Order all of your Solutions4 products online at your **Club Reduce® Membership Site** and **save 10%** on each item!

Maintenance Tool #6:

Monthly In-Office Treatments

We'd love to see you in our office for a monthly maintenance treatment, which consists of a **one-on-one meeting**, the **whole body vibration platform**, an **infrared sauna session**, and an **SMT session** while enjoying one of our amazing **body wraps!** These monthly in-office treatments are critical to your weight loss maintenance. We will track and review your maintenance progress and give your body a chance to heal and improve with all of our treatments.

Maintenance Tool #7:

Weekly Learn & Lose Classes

Knowledge is POWER! The more you learn about *why* you should lead a healthy lifestyle, the more committed you will be! Each week you will receive a brand new **Learn & Lose** class, along with a **homework assignment**, and a **free SMT Session!** Our goal is to help you be so savvy that you'll never gain weight again! All of your **Learn & Lose** classes will be available right at your fingertips on your **Club Reduce® Membership Site!**

Maintenance Tool #8:

Quarterly Symptom Assessment

Each quarter (every 3 months) it will be important to give your body a checkup by answering the **Symptom Assessment**. You can fill out your **Symptom Assessment** from the comfort of your own home on your **Club Reduce® Membership Site**. The results will be sent to our clinic, and you will be invited in for a **free one-on-one** evaluation to make sure you are still on the healthy path!

Maintenance Tool #9: **Quarterly Detoxification**

In order to combat all the things in the environment working against your healthy body, it's a good idea to do a **3-day Cleanse** every quarter. **Detoxification Kits** are available on your **Club Reduce® Membership Site**—don't forget, you will receive a **10% discount** when you order online.

Maintenance Tool #10: **Vital Support to Assist You Along the Way**

We helped you on your way to this new figure, and we are still here to help you through your maintenance! We are always only a phone call, email, or visit away. Not to mention you'll have an entire community of Club Reduce® members to share your maintenance journey with in the **Member-Only Forum** on your **Club Reduce® Membership Site**.

Implementing Your Maintenance Program

Now that you have worked so hard and come so far to improve your wellness, all you need to do is implement this fail-proof Maintenance system. Always remember:

If You Fail to Plan, You Plan to Fail

That which you focus on improves. You've worked hard on your body and it will take daily focus, weekly focus, monthly focus and quarterly focus to maintain what you've done. We have a plan for you to maintain your weight for the rest of your life and have the energy and health you deserve!

Use the following guide for daily, weekly, monthly, and quarterly maintenance steps. These guidelines, along with the powerful 10 Tools for Weight Loss Maintenance will help ensure you keep your weight off and continue to improve your over-all wellness.

Your DAILY Maintenance Plan

Each day you will:

- ✓ Replace one meal a day with a Nutritional Shake to save you Time, Calories, and Money
- ✓ Take your recommended supplements
- ✓ Listen to Self-Mastery Technology to deal with stress and emotional eating
- ✓ Apply Anti-Cellulite Lotion on problem areas to maintain inch loss
- ✓ Apply Exercise Gel before exercising to any problem areas
- ✓ Utilize all the tools on your Club Reduce® Membership Site to track your calories and log your exercise

Your WEEKLY Maintenance Plan

Each week you will continue to develop weight maintenance habits by doing the following:

- ✓ Watch the weekly Learn & Lose Class on your Club Reduce® Membership Site
- ✓ Do the homework associated with each Learn & Lose Class. Knowledge is Power!
- ✓ Listen to Self-Mastery Technology that correlates with each Learn & Lose Class

Your MONTHLY Maintenance Plan

Each month we would love to see you in our office to have a maintenance treatment that includes:

- ✓ TANITA Body Composition Assessment
- ✓ One-on-one Evaluation
- ✓ Exercise with Oxygen Therapy
- ✓ Whole Body Vibration
- ✓ Infrared Sauna
- ✓ Body Wrap + Self-Mastery Technology

Your QUARTERLY Maintenance Plan

Each quarter you will solidify your health and weight maintenance by:

- ✓ Completing an on-line Symptom Assessment
- ✓ Coming in for a free one-on-one Health Assessment to ensure you are on the right track
- ✓ Doing a 3-day Detoxification to rid your body of the toxins that cause you to gain weight.

Healthy Eating Principles

DO

- ✓ **Anchor your diet with fresh vegetables and fruits**
 - At least half of your diet should be *fresh* vegetables and fruits.
- ✓ **Eat 5 or 6 small meals every day**
- ✓ **Eat carbs and protein the RIGHT way**
 - Combine protein with vegetables or healthy carbs with vegetables
 - Avoid combining simple carbs and protein
- ✓ **Drink water**
 - You need to drink at least $\frac{1}{2}$ your body weight in ounces of water each day.
- ✓ **Track what you eat**
 - It is proven that people who write down what they eat lose twice as much weight as people who do not track what they eat.
- ✓ **Stick to proper portion sizes**
 - Overeating stresses out your adrenal glands and will automatically throw your body into "starvation mode." You will be holding onto that meal for quite a while, in the form of unwanted fat.
- ✓ **Read Labels**
 - If you can't read or don't understand the ingredients, you probably shouldn't be eating them.
 - A good rule of thumb is "Five Ingredients or Less." If a product has more than five ingredients, you may want to reconsider buying or eating it.
- ✓ **Follow poor eating with a LIQUID DETOX CLEANSE**
 - If you have made less-than-perfect food choices for any reason, including vacations, holidays, etc, do a 3-day cleanse to re-set your body and get back on track.
 - Make sure you give yourself a 2-day prep period of eating only healthy fruits and vegetables before you do a liquid cleanse.
 - Detox Kits are available from **Solutions4**. And, don't forget, you will receive a **10% discount** when you order from your **Club Reduce® Membership Site**.

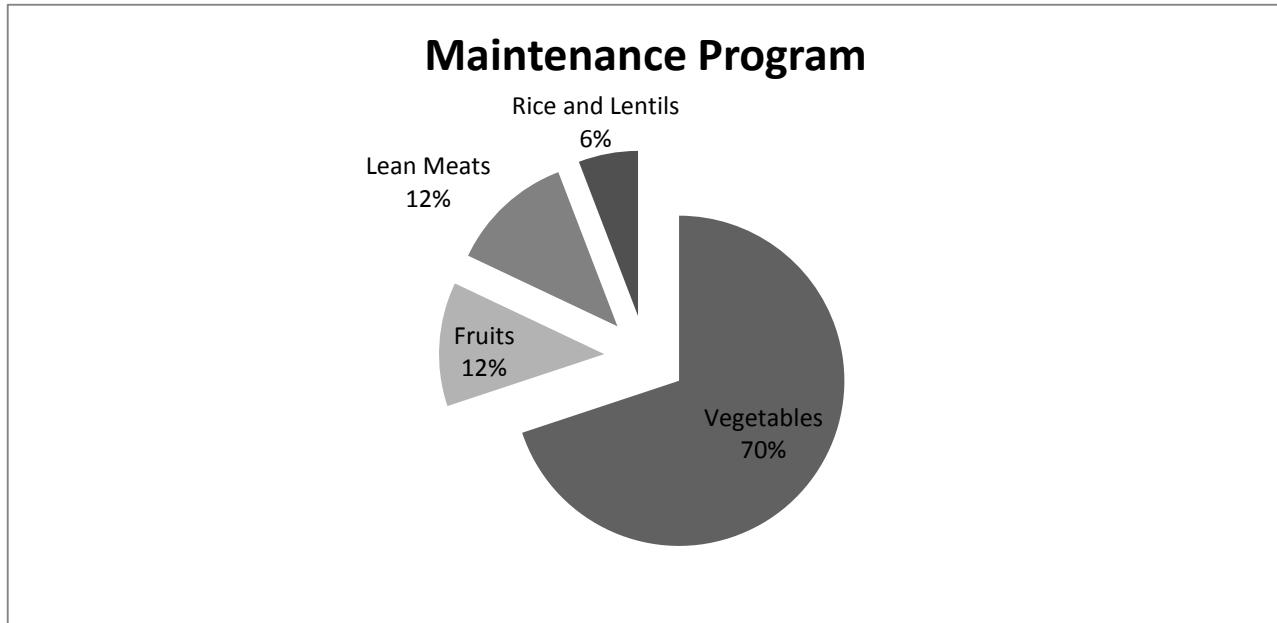
Healthy Eating Principles

AVOID

- × **Avoid all processed and refined foods**
 - You should especially avoid white flour and sugar.
- × **Avoid all chemicals, preservatives, and artificial sugars**
 - These things will make your liver toxic, and direct result is an over-weight body. Your body will stop burning fat, you will stop maintaining a healthy weight, and you will quickly regain a toxic body if you feed it with chemicals, preservatives, and artificial sugars.
- × **Avoid all calorie-dense foods that contain little nutritional value**
 - This will give your body a steady flow of calories to keep your metabolism going strong.
- × **Don't skip meals**
 - Skipping important meals, like breakfast, can actually lead you to consume more calories later in the day because you are hungrier than you normally would be.
- × **Avoid eating after 6pm**

Structuring Your Diet on the 12-MONTH MAINTENANCE PROGRAM

When not detoxing, your diet should consist mostly of green leafy vegetables. Use the graph below to guide your choices when planning meals. The easiest way to incorporate more greens into your diet is to plan meals around salads. An easy way to get your daily amount of fruit is to have it for breakfast in the morning or to add it to a Nutritional Shake. Rice and lentils are allowed on the program, but use them sparingly. Add your rice or lentils to a green salad to get more greens in the meal.



Why should my diet consist mostly of raw green leafy vegetables?

Foods that require cooking to be consumed probably are not very good nutritionally for humans, even before cooking. By cooking them, we further compromise their nutritional value, because the vitamins, minerals, enzymes, co-enzymes, carbohydrates, proteins, and fats are damaged or destroyed by the heat of cooking. What we get with grains after they have been cooked is the maximum amount of calories with the minimum amount of nutrients.

Salads are central to a raw diet and should be used to structure your meals. Structure your diet by building every meal around salads.

FOOD LIST

Now that you have completed your weight loss program you can begin to expand your diet and incorporate other healthy foods back into your nutritional plan. However, always remember that life-style changes, *not diets*, result in wellness maintenance. You need to remember what you have learned about healthy eating and incorporate those practices into your wellness lifestyle. You should always aim to base your diet around the best foods possible.

Best Foods: (these foods should continue to anchor your diet)

Vegetables (Always best eaten raw, but if you must cook, lightly steam them)

Artichokes	Eggplant	Pepper, Red
Alfalfa sprouts	Edamame	Pimentos
Asparagus	Fennel	Radish
Bamboo shoots	Garlic	Rhubarb
Bean sprouts	Green Beans	Rutabaga
Beets	Green Onions	Shallots
Bok Choy	Jicama	Snap Beans (Edible Pods)
Broccoli	Kohlrabi	Snow Peas (Sugar Peas)
Brussels sprouts	Lima Beans	String Beans
Buckwheat sprouts	Leek	Sprouts
Cabbage, Chinese	Mung Bean Sprouts	Sunflower Sprouts
Cabbage, Red	Okra	Tomatillos
Carrots	Olives	Turnips
Cauliflower	Onion	Water Chestnuts
Celery	Parsley	Wheat Grass
Chard	Parsnips	Zucchini
Chives	Peas	
Cucumber	Pepper, Green	

Lettuce and Greens

Arugula	Dandelion Greens	Oakleaf
Beet Greens	Endive	Radicchio
Belgian endive	Endigia (Red Endive)	Red Leaf
Bib lettuce	Escarole	Romaine
Boston lettuce	Green Leaf	Spinach
Butter Lettuce	Iceberg	Swiss chard
Cress	Kale	Watercress
Collard Greens	Mesclun	
Curly Endive	Mustard Greens	

Fruits

Apples	Grapes	Pears
Apricots	Guava	Persimmon
Avocados	Honeydew	Pineapple
Bananas	Kiwi	Plums
Blackberries	Lemon	Pomegranate
Blueberries	Limes	Raspberries
Boysenberries	Mango	Strawberries
Cantaloupe	Melons	Tangelos
Cherries	Mulberries	Tangerines
Coconut	Nectarines	Tomatoes
Dates	Oranges	Watermelon
Figs	Papaya	
Grapefruit	Peaches	

Lean Meat:

(Standard serving size is 3 oz. cooked. 2-4 servings per day, with 1-2 of those servings being fish)

Organic Poultry – Free range, antibiotic free and hormone free is best

Chicken

Turkey

Wild Caught Fish (not farm raised)

Cod

Shellfish

Halibut

Mahi Mahi

Salmon

Sea Bass

Sole

Swordfish

Tilapia

Trout

Tuna

Canned Fish - Water packed tuna

Lentils and Rice:

Quinoa
Brown Lentils
Red Lentils
Brown Basmati Rice
Brown Rice
Wild Rice

Raw Nuts and Raw Seeds:

Almonds	Pumpkin Seeds
Cashews	Sunflower Seeds
Pistachios	Hemp Seeds
Pecans	Flax Seeds
Walnuts	Sesame Seeds
Brazil Nuts	Chia Seeds
Macadamia Nuts	

Dairy:

Organic Eggs or Organic Egg Beaters
Organic Butter – use sparingly
Coconut Milk (raw, not packaged)

Oils: (Serving size for oils is 1 tsp, limit to 7 servings per day)

Coconut Oil – (A great substitute for Butter!)
Extra Virgin Olive Oil
Flaxseed Oil – (Great for dressings. Keep refrigerated, do not heat)
Grape Seed Oil

*Use cold-pressed and unprocessed

Salt and Spices:

Salt – Real Salt or Celtic Sea Salt
Fresh herbs and spices may be used. Organic dried spices may be used as long as they are not expired or old.

Dressings: (Sugar-free and Vinegar-free)

Annie's Lemmon and Chive Dressing

Broth:

Low sodium organic vegetable broth
Low sodium organic chicken broth

Nutritional Shakes:

3 scoops a day

Juices:

Fresh Vegetable Juices
Coconut water (raw, from a coconut)

Water:

Distilled Water (Use during quarterly cleanses.)

Filtered Water

Pure Water

Spring Water

***Remember to drink a minimum of half your body weight in ounces**

____(body weight)/2=____ounces of water intake a day

FOODS TO BE EATEN SPARINGLY

- All fruit juices
- Other Whole Grains—including buckwheat, oat-bran, and oatmeal
- Meat: Beef, Lamb, Pork, and Veal. All should be grass-fed and antibiotic-free
- Starchy Vegetables: Hominy, White Rice, Yams, Potatoes and Dried Beans
- Corn and corn products
- Fungus Foods: mushrooms, etc.

AVOID GROUP:

- Alcohol, Caffeine, tobacco or other stimulants
- All Coffee and caffeinated tea
- All Dairy Products— All hard cheese is made from mold. Avoid milk, buttermilk, whipped cream, sour cream, ice cream, etc. (With the exception of organic eggs and organic butter)
- All sugars including: refined sugar, fructose, corn syrup, honey, molasses, date sugar and maple sugar. (Maple syrup is allowed on detox days)
- All white flour and white flour products.
- Processed Grains
- All processed meats- such as bacon, sausage, ham, hot dogs, luncheon meats, corned beef and pastrami.
- Mixed seasonings and spice rubs like Mrs. Dash etc.
- Processed or Refined Foods
- MSG or Chemicals

Healthy Food Substitutes

If you would like this ingredient:	Try substituting this ingredient:
Bread, any kind	Sprouted-grain Bread
Bread crumbs, dry	Steel-cut oats
Butter, shortening or oil in baked goods	Mashed avocado, applesauce, prune puree
Cheese	Delia Cheese Substitute
Coffee	Teeccino Coffee Alternative Cafix Coffee Substitute
Cream, for thickening soups	Mashed potatoes or pureed carrots for thickening agents
Croutons	Raw Nuts
Eggs	Two egg whites or 1/4 cup egg substitute for each whole egg
Eggs, for baking	Flax Seed
Flour	Coconut Flour Chickpea Flour Unbleached, unrefined, whole flours
Fruit canned in heavy syrup	Fruit canned in its own juices or in water, or fresh fruit
Fruit Snacks	Freeze-dried sliced fruit, no sugar added
Granola	Raw Nuts Raw, sprouted granola
Ground beef	Extra-lean or lean ground beef, chicken or turkey breast (make sure no poultry skin has been added to the product)
Ice Cream	Non-dairy, sugar-free Coconut Milk Ice cream
Lettuce, iceberg	Arugula, chicory, collard greens, dandelion greens, kale, mustard greens, spinach or watercress
Meat as the main ingredient	Three times as many vegetables as the meat on pizzas or in casseroles, soups and stews

If you would like this ingredient:	Try substituting this ingredient:
Milk	Unsweetened Almond Milk No or Low-sugar Coconut Milk Rice Milk Hemp Milk Oat Milk
Oatmeal	Steel-cut Oats
Pasta, enriched (white)	Quinoa Pasta Brown Rice Pasta Hemp Seed Pasta Zucchini Ribbons Spaghetti Squash
Peanut Butter	Raw, unsalted nut butters
Peanuts	Other RAW nuts and seeds
Rice, white	Brown rice, wild rice, or quinoa
Salad dressing	Sugar-free dressings and flavored vinegars
Seasoning salt, such as garlic salt, celery salt or onion salt	Herb-only seasonings, such as garlic powder, celery seed or onion flakes, or use finely chopped herbs or garlic, celery or onions
Soups, creamed	Mashed potatoes or pureed carrots for thickening agents
Soups, sauces, dressings, crackers, or canned meat, fish or vegetables	Low-sodium or reduced-sodium versions
Soy sauce	Sweet-and-sour sauce or hot mustard sauce
Sugar	Solutions4 Fiber Sweetener Blend. You can further intensify sweetness by adding vanilla, nutmeg or cinnamon. Create a sweet base using unsulphured dried fruits such as dates, raisins, figs, etc.
Syrup	Pureed fresh fruit, such as applesauce, with no added sugar
Table salt	Herbs, spices, citrus juices (lemon, lime, orange), salt-free seasoning mixes or herb blends

Quarterly Detoxification

At Club Reduce® we are committed to your health, vitality and appearance. We continue to research and develop products and programs that offer total body wellness.

We recommend that you cleanse your body at least once every quarter by doing a 3-day Detox.

Detoxification is one of the most important factors in the promotion of good health and disease prevention. The Solutions4 Program helps the body to cleanse itself of toxins, mucus and other waste materials in the intestinal tract and major vital organs, improving the way they function. This not only restores new energy to the vital organs, but to the entire body as well.

Detoxification can be part of a health maintenance and prevention program when used 3 to 4 times per year. Though it is not a “cure-all”, it is a positive way to start addressing many undesirable body conditions, such as allergies, acne, arthritis, skin problems, cellulite, obesity, etc.

Benefits of Detoxification

- An increase in energy is experienced
- The digestive tract can rid itself of accumulated waste and putrefied bacteria. (Typical loss is between 2-8 lbs. of water and waste during a 3 day cleanse.)
- Liver, kidneys and blood are purified and function more effectively.
- The peristaltic action of the colon is strengthened.
- A mental clarity occurs that is not possible under the constant bombardment of chemicals and food additives.
- Physical dependency on habit-forming substances such as refined sugar, caffeine, nicotine, alcohol and drugs is greatly diminished.
- Bad eating habits are broken. As you come off the program, it is easier to make wiser food choices.
- The stomach has a chance to return to normal size, making it easier to control the quantity of food eaten.

HEALING CRISIS

The body has natural cleansing abilities that help to expel unnecessary or harmful substances. Four eliminative organs of the body are: the bowels, the skin, the lungs, and the kidneys. These systems are in use all the time, working to keep the body clean and healthy.

When an invader enters the body, the natural process is for the body to remove that invader through eliminative organs. This can happen through diarrhea, vomiting, perspiration (fever), coughing, mucus, or nasal discharge. These natural healing abilities are often under used, as the common response to illness or discomfort is to take chemical medications for symptom relief. We suppress the body's natural eliminative processes through anti-diarrhea drugs, antihistamines, fever reducers, antibiotics and others to keep our bodies from cleansing in the natural way. The "stuffing drugs" that we use drive the virus and bacteria back into the tissues where it can remain until the next immune system crash. Immediate symptoms are managed, but long-term health problems are often the result. For instance, a steroid (cortisone) ointment used for a skin condition may clear up immediate symptoms, but later a more serious problem may occur, such as asthma. In turn, bronchodilators may control the asthma, but may cause depression. In the effort to relieve a patient's symptoms, the real causes of the patient's condition have been overlooked. In addition to environmental toxins and the unhealthy foods that we consume, these types of chemical stuffers contribute to our need to detoxify regularly. A cleansing process such as Detoxification takes these substances out of storage and into circulation to be eliminated. This occasionally causes unpleasant symptoms for a short time. The consumption of caffeine, refined sugar, alcohol and other substances also contributes to the effect that is known as a "healing crisis."

During detoxification and the days following, many people experience some of the signs of a healing crisis, which may include: headaches, skin breakouts, bowel sluggishness, diarrhea, fatigue, sweating, frequent urination, congestion, nasal discharge, or body aches. A few may also briefly experience anxiety, irritability or mental depression.

You must understand that your body is going through cleansing and detoxification. It is throwing out poisons using the energy it has saved from the hard-to-digest meals that have been discontinued. This is your body's natural way of cleansing, and is a positive occurrence.

The best way to encourage your body's natural cleansing methods is to not use over the counter drugs to stop the cleansing process. (Prescription medication should NOT be discontinued without a medical doctor's approval). They may make you feel better in the short term, but do so by driving toxins back into the tissues. Drink plenty of water to facilitate the process and get some rest.

The healing crisis generally lasts from just a few hours to a few days. The healthier one's body is to begin with, the fewer symptoms there will be. The more the body has to clean up, the harder and longer the cleansing side effects will be. Symptoms will also be more pronounced if the change in the diet is abrupt, and less so if it is gradual. This is why detoxification preparation days are so important. Each healing crisis is followed by increased vitality and improved wellbeing.

Please be aware that it is just as important for your body to come off detoxification correctly as it is to detoxify. Your body is in a cleansing mode and will continue until clogging foods are reintroduced. As you finish Detoxification, continue taking the herbs until they are gone. Many of the ill-feeling

symptoms that you may have been experiencing will have already begun to disappear. In fact, the three day cleanse is pretty dramatic. You will have lost 2-8 pounds, and will have begun eliminating some of the 5-27 pounds of waste that are being stored in the colon. If you are on medication, ask your prescribing doctor to work with you as you go through this program. Start consuming fresh fruit (after day 22), salads and vegetables. Some people choose to juice live foods for a few days before eating solid foods, allowing the body more time and energy to heal and gain strength. Slowly work your way back into foods after detoxification. Your body is now clean and will no longer tolerate abuse. A couple of beers will make you drunk, and may become ill after eating pizza, and a candy bar may give you a headache. All these foods are very unhealthy and your clean body is simply more sensitive to toxins.

Contact your Health Care Practitioner for specific questions on Healing Crisis.

Detoxification is a wonderful way to begin a healthy lifestyle. Done 3-4 times per year, the body is stronger, cleanser, and better able to resist illness.

BASIC DAILY RECOMMENDED SUPPLEMENTS

BODY PURIFIER

Solutions4 Body Purifier is a combination of 11 herbs that work together to help rid the liver, kidneys, and bowels of accumulated toxins and other waste materials. Helps purify the blood stream and cleanse the lymphatic system.

DIGESTIVE ENZYME BLEND

Helps the body to digest and assimilate all nutrients necessary for proper, healthy, and permanent weight-loss. DIGESTIVE ENZYME BLEND restores natural energy to the body while promoting weight control by heightening absorption of vitamin, minerals and other nutrients from food.

INTESTINAL CLEANSER

This formula is a superb combination of 9 herbs that have an extremely beneficial effect on the entire intestinal tract. It is also a bowel tonic and rebuilding formula. It helps improve intestinal absorption of vital nutrients while decreasing the absorption of toxins.

NUTRITIONAL SHAKE

An all-natural, 180-calorie, sugar free balanced meal replacement. Used for healthy weight loss and blood sugar management. This shake easily mixes with water and is available in Chocolate, Vanilla, and Orange Cream, and Strawberry.

SALMON OIL

Salmon Oil is the most beneficial source of omega 3 fatty acids. It has been shown to aid in healthy aging, lower weight, increase bone and joint health, assist in cognitive function, increase the health of eyes, nails, and skin and improve mental health.

VITAMIN D

Vitamin D3 (Cholecalciferol) offers many health benefits, including bone strengthening, lower risk of disease and infection, and immune boosting. It comes in an easily absorbable liquid gel-cap form.

See Quarterly Symptom Assessment for Additional Supplements

RECOMMENDED TREATMENT SERVICES

DETOXIFYING BODY WRAPS

Our Body Wraps are unlike anything you've heard about or experienced...

This specific inch loss and cellulite reduction wrap was developed by a bio-chemist from the ULCA medical center. This wrap process was formulated to encourage circulatory and lymphatic flow in patients. Research showed that because of this increased flow of both the lymphatic and circulatory systems, the patients experienced cleansing of the tissues. This, in turn, caused healthy inch loss through internal cleansing.

It's very typical to lose 4" to 14" in one hour. This is NOT weight loss, this is permanent inch loss! Not only does your body benefit internally from this Body Wrap, but the external benefits of contouring and inch loss make this wrap ideal!

Our Body Wraps use herbal formulations which work externally to internally. This type of wrap aids in the removal of wastes that have become trapped in vulnerable parts of your body. It's basically a painless cleansing process of the tissue underneath the skin, and helps restore elasticity to loose, flabby skin. It does not dehydrate and age the skin. This is the healthiest type of wrap there is!

With our Body Wrap you will experience inch loss, diminishing of cellulite, and body contouring. These results can be permanent and are completely safe.



This particular Body Wrap has been helping people lose inches for over 30 years!

Our Body Wraps increase circulation and remove toxins from all areas of your body, two causes of that nasty cellulite!

INFRARED SAUNA

Keep Your Body in Fat Burning Mode to Keep Your Weight Off for Good!

One of our goals is to help you learn how to trigger your fat-burning hormones, this gives you the most effective leverage over fat-burning hormones. Your fat-burning hormones work through your live - that's why it's so important to do a cleansing program two to four times a year.



An essential part of cleansing and detoxifying your body is utilizing an Infrared Sauna.

What is Infrared?

Infrared is the band of light you perceive as heat. You can't see infrared with the naked eye, but you can feel this type of light in the form of heat. The sun produces most of its energy output in the infrared segment of the light spectrum. Infrared rays heat your body without having to heat the air around you.

How Does an Infrared Sauna Aid Weight Loss?

Your body expends energy (calories) to produce sweat - 1 gram of sweat requires approximately 0.586 calories. A moderately-conditioned person can easily sweat of 1000 grams or more in one Infrared Sauna session. **That's the equivalent to running 10-15 kms!** While this weight loss can be regained by rehydration with water, the calories expended in the process will not come back. Sweating also allows the body to release built up toxins naturally, keeping your body cleansed even when not on a cleansing program.

How Safe is an Infrared Sauna?

Because infrared is part of natural sunlight, Infrared Saunas are completely safe! Health professionals have used infrared heat lamps for decades to treat muscle and joint problems. In hospital baby care units, incubators are often equipped with infrared heating systems to keep newborn babies warm.

What is the Difference Between an Infrared Sauna and the Conventional Sauna at my Gym?

Whereas conventional saunas transfer heat by circulating hot air to warm your body from your head down, infrared saunas warm your body directly. This allows an **in-depth heat in a more pleasant temperature, thus providing more health benefits and a highly enjoyable and comfortable environment.**

EXERCISE WITH OXYGEN

Burn More Calories and Make Your Workout Worth It!

Exercising with oxygen therapy (EWOT) can increase strength lines up to 20% and increase weight loss by an additional 20%. EWOT has been known to increase basic cellular life, making you feel **20 years younger!**

EWOT increases the amount of oxygen in your blood, plasma and tissues. This increased level of tissue oxygen has several beneficial effects. It has been used successfully for a multitude of conditions, including: heart failure, cardiomegaly, high blood pressure, wellness and **anti-aging**, emphysema and **stress of all types.**

How Does EWOT Work?

EWOT allows your body to get more oxygen during your workouts, this in turn gives your body more energy during your workout which can help you push yourself and ***burn more calories than ever before.***



WHOLE BODY VIBRATION

Accelerate Weight Loss and Cellulite Reduction in 10 Minutes!

What Does Whole Body Vibration Do?

Whole Body Vibration (WBV) offers a low-impacts way to increase strength, flexibility, and rejuvenate your body - in addition to **increasing metabolism**. WBV causes the muscles to experience an involuntary contraction at the same rate that the platform is vibrating. The mechanical stimulus produces a stretch reflex in 100% of your muscles. This means your muscles react to the vibration by contracting and relaxing automatically (like when the doctor hits your knee with a little hammer).

How Did WBV Come About?

WBV training was used in the 1960s by the Russian space program to help cosmonauts recover more quickly from muscle atrophy. Since then, **Olympic athletes** have adapted WBV into their workouts. Trainers and doctors have been using WBV for well over 40 years.

What Makes WBV Unique?

It's a noninvasive workout that you don't have to change into workout clothes for! It's also a multifaceted tool that complements aerobics and strength training. It's simply a great tool for a **healthy lifestyle!**



The Benefits of WBV

- Accelerated Weight Loss
- Reduces Cellulite
- Reduces Varicose Veins
- Increase Energy
- Improves Muscle Strength
- Enhances Wellness
- Enhances Detoxification
- Improves Circulation
- Improves Relaxation

SELF-MASTERY TECHNOLOGY

Discover What You can Achieve When You Dare to RELAX!

How long have you dreamed of having a trim, fit body... kicking your smoking habit for good... living your life stress free... gaining freedom for your chronic pain... or otherwise changing your life? What if you discovered a way to achieve your goals in just a few minutes a day? Well now you can with an exciting new technology called ZenFrames.

The power of the mind is nothing new to science. Doctors have known for decades that the mind has the power to help people **lose weight**, stop smoking, manage pain, overcome phobias, accelerate learning, and enhance athletic performance. The only problem was finding a way to harness that potential.

But now there's ZenFrames, a new technology based on the research of the world's leading universities.

ZenFrames uses synchronized pulses of light and sound to deeply relax you while promoting optimum brainwave activity for learning, focus and memory. While the lights and tones soothe you, SMT (self-mastery technology) audio-sessions help focus your mind so you can finally **release unwanted habits** and get more of what you want out of life. And, because the effects are cumulative, there's virtually no limit to how good you can feel or what you can achieve!



Club Reduce® Membership Website

**Welcome to your new Club Reduce
Maintenance Membership Website!**

With your membership in your Club Reduce Membership Website, you'll be able to

- ✓ Track your weight loss success
- ✓ Find healthy recipes
- ✓ Log your calories
- ✓ Take the symptom assessment once a quarter
- ✓ Watch a weekly episode of Club Reduce Learn and Lose
- ✓ Look up supplement information and discover more of our products
- ✓ Download daily food logs
- ✓ Be a part of a nation-wide weight loss/weight maintenance community; and
- ✓ Purchase Nutritional Shakes, weight maintenance supplements, inch loss maintenance body treatments, and all natural skin-care products at a 10% discount.
- ✓ You'll also be able to watch classes to help you solidify your new lifestyle.
- ✓ You'll be able to get Self-Mastery Technology tools there too!

Your Club Reduce Membership site will house all the tools you need to keep your weight off!

My Maintenance Website: https://_____.clubreduce.com

Username: _____

Password: _____

Club Reduce® Daily Success Planning Worksheet

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

Date: ___ / ___ / ___		
Breakfast:	Calories	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:	Calories	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:	Calories	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:	Calories	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:	Calories	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
CALORIES YOU ARE ALLOTTED FOR THE DAY		
TOTAL CALORIES YOU ATE		
SUPPLEMENTS FOR THE DAY:		
Did I follow the Club Reduce® nutrition guidelines for the day? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I replace a meal with a Solutions4 Nutritional Shake? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I drink $\frac{1}{2}$ of my body weight in ounces of water? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ oz. Did I track my calories? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I use Self-Mastery Technology? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No From what I did yesterday, am I closer to my goal? <input type="checkbox"/> Yes <input type="checkbox"/> No Hours of sleep I received last night: _____		
Rate stress level today (1=low, 10=high): 1 2 3 4 5 6 7 8 9 10		
My weight today: _____		

Club Reduce® Daily Success Planning Worksheet

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

Date: ___ / ___ / ___		
Breakfast:	Calories	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:	Calories	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:	Calories	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:	Calories	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:	Calories	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
CALORIES YOU ARE ALLOTTED FOR THE DAY		
TOTAL CALORIES YOU ATE		
SUPPLEMENTS FOR THE DAY:		
Did I follow the Club Reduce® nutrition guidelines for the day? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I replace a meal with a Solutions4 Nutritional Shake? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I drink $\frac{1}{2}$ of my body weight in ounces of water? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ oz. Did I track my calories? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I use Self-Mastery Technology? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No From what I did yesterday, am I closer to my goal? <input type="checkbox"/> Yes <input type="checkbox"/> No Hours of sleep I received last night: _____		
Rate stress level today (1=low, 10=high): 1 2 3 4 5 6 7 8 9 10		
My weight today: _____		

Club Reduce® Daily Success Planning Worksheet

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

Date: ___ / ___ / ___		
Breakfast:	Calories	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:	Calories	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:	Calories	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:	Calories	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:	Calories	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
CALORIES YOU ARE ALLOTTED FOR THE DAY		
TOTAL CALORIES YOU ATE		
SUPPLEMENTS FOR THE DAY:		
Did I follow the Club Reduce® nutrition guidelines for the day? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I replace a meal with a Solutions4 Nutritional Shake? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I drink $\frac{1}{2}$ of my body weight in ounces of water? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ oz. Did I track my calories? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I use Self-Mastery Technology? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No From what I did yesterday, am I closer to my goal? <input type="checkbox"/> Yes <input type="checkbox"/> No Hours of sleep I received last night: _____		
Rate stress level today (1=low, 10=high): 1 2 3 4 5 6 7 8 9 10		
My weight today: _____		

Club Reduce® Daily Success Planning Worksheet

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

Date: ___ / ___ / ___		
Breakfast:	Calories	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:	Calories	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:	Calories	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:	Calories	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:	Calories	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
CALORIES YOU ARE ALLOTTED FOR THE DAY		
TOTAL CALORIES YOU ATE		
SUPPLEMENTS FOR THE DAY:		
Did I follow the Club Reduce® nutrition guidelines for the day? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I replace a meal with a Solutions4 Nutritional Shake? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I drink $\frac{1}{2}$ of my body weight in ounces of water? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ oz. Did I track my calories? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I use Self-Mastery Technology? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No From what I did yesterday, am I closer to my goal? <input type="checkbox"/> Yes <input type="checkbox"/> No Hours of sleep I received last night: _____		
Rate stress level today (1=low, 10=high): 1 2 3 4 5 6 7 8 9 10		
My weight today: _____		

Club Reduce® Daily Success Planning Worksheet

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

Date: ___ / ___ / ___		
Breakfast:	Calories	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:	Calories	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:	Calories	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:	Calories	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:	Calories	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
CALORIES YOU ARE ALLOTTED FOR THE DAY		
TOTAL CALORIES YOU ATE		
SUPPLEMENTS FOR THE DAY:		
Did I follow the Club Reduce® nutrition guidelines for the day? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I replace a meal with a Solutions4 Nutritional Shake? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I drink $\frac{1}{2}$ of my body weight in ounces of water? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ oz. Did I track my calories? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I use Self-Mastery Technology? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No From what I did yesterday, am I closer to my goal? <input type="checkbox"/> Yes <input type="checkbox"/> No Hours of sleep I received last night: _____		
Rate stress level today (1=low, 10=high): 1 2 3 4 5 6 7 8 9 10		
My weight today: _____		

Club Reduce® Daily Success Planning Worksheet

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

Date: ___ / ___ / ___		
Breakfast:	Calories	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:	Calories	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:	Calories	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:	Calories	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:	Calories	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
CALORIES YOU ARE ALLOTTED FOR THE DAY		
TOTAL CALORIES YOU ATE		
SUPPLEMENTS FOR THE DAY:		
Did I follow the Club Reduce® nutrition guidelines for the day? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I replace a meal with a Solutions4 Nutritional Shake? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I drink $\frac{1}{2}$ of my body weight in ounces of water? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ oz. Did I track my calories? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I use Self-Mastery Technology? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No From what I did yesterday, am I closer to my goal? <input type="checkbox"/> Yes <input type="checkbox"/> No Hours of sleep I received last night: _____		
Rate stress level today (1=low, 10=high): 1 2 3 4 5 6 7 8 9 10		
My weight today: _____		

Club Reduce® Daily Success Planning Worksheet

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

Date: ___ / ___ / ___		
Breakfast:	Calories	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:	Calories	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:	Calories	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:	Calories	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:	Calories	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
CALORIES YOU ARE ALLOTTED FOR THE DAY		
TOTAL CALORIES YOU ATE		
SUPPLEMENTS FOR THE DAY:		
Did I follow the Club Reduce® nutrition guidelines for the day? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I replace a meal with a Solutions4 Nutritional Shake? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I drink $\frac{1}{2}$ of my body weight in ounces of water? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ oz. Did I track my calories? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I use Self-Mastery Technology? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No From what I did yesterday, am I closer to my goal? <input type="checkbox"/> Yes <input type="checkbox"/> No Hours of sleep I received last night: _____		
Rate stress level today (1=low, 10=high): 1 2 3 4 5 6 7 8 9 10		
My weight today: _____		

Club Reduce® Daily Success Planning Worksheet

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

Date: ___ / ___ / ___		
Breakfast:	Calories	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:	Calories	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:	Calories	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:	Calories	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:	Calories	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
CALORIES YOU ARE ALLOTTED FOR THE DAY		
TOTAL CALORIES YOU ATE		
SUPPLEMENTS FOR THE DAY:		
Did I follow the Club Reduce® nutrition guidelines for the day? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I replace a meal with a Solutions4 Nutritional Shake? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I drink $\frac{1}{2}$ of my body weight in ounces of water? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ oz. Did I track my calories? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I use Self-Mastery Technology? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No From what I did yesterday, am I closer to my goal? <input type="checkbox"/> Yes <input type="checkbox"/> No Hours of sleep I received last night: _____		
Rate stress level today (1=low, 10=high): 1 2 3 4 5 6 7 8 9 10		
My weight today: _____		

Club Reduce® Daily Success Planning Worksheet

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

Date: ___ / ___ / ___		
Breakfast:	Calories	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:	Calories	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:	Calories	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:	Calories	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:	Calories	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
CALORIES YOU ARE ALLOTTED FOR THE DAY		
TOTAL CALORIES YOU ATE		
SUPPLEMENTS FOR THE DAY:		
Did I follow the Club Reduce® nutrition guidelines for the day? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I replace a meal with a Solutions4 Nutritional Shake? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I drink $\frac{1}{2}$ of my body weight in ounces of water? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ oz. Did I track my calories? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I use Self-Mastery Technology? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No From what I did yesterday, am I closer to my goal? <input type="checkbox"/> Yes <input type="checkbox"/> No Hours of sleep I received last night: _____		
Rate stress level today (1=low, 10=high): 1 2 3 4 5 6 7 8 9 10		
My weight today: _____		

Club Reduce® Daily Success Planning Worksheet

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

Date: ___ / ___ / ___		
Breakfast:	Calories	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:	Calories	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:	Calories	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:	Calories	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:	Calories	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
CALORIES YOU ARE ALLOTTED FOR THE DAY		
TOTAL CALORIES YOU ATE		
SUPPLEMENTS FOR THE DAY:		
Did I follow the Club Reduce® nutrition guidelines for the day? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I replace a meal with a Solutions4 Nutritional Shake? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I drink $\frac{1}{2}$ of my body weight in ounces of water? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ oz. Did I track my calories? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I use Self-Mastery Technology? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No From what I did yesterday, am I closer to my goal? <input type="checkbox"/> Yes <input type="checkbox"/> No Hours of sleep I received last night: _____		
Rate stress level today (1=low, 10=high): 1 2 3 4 5 6 7 8 9 10		
My weight today: _____		

Club Reduce® Daily Success Planning Worksheet

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

Date: ___ / ___ / ___		
Breakfast:	Calories	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:	Calories	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:	Calories	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:	Calories	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:	Calories	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
CALORIES YOU ARE ALLOTTED FOR THE DAY		
TOTAL CALORIES YOU ATE		
SUPPLEMENTS FOR THE DAY:		
Did I follow the Club Reduce® nutrition guidelines for the day? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I replace a meal with a Solutions4 Nutritional Shake? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I drink $\frac{1}{2}$ of my body weight in ounces of water? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ oz. Did I track my calories? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I use Self-Mastery Technology? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No From what I did yesterday, am I closer to my goal? <input type="checkbox"/> Yes <input type="checkbox"/> No Hours of sleep I received last night: _____		
Rate stress level today (1=low, 10=high): 1 2 3 4 5 6 7 8 9 10		
My weight today: _____		

Club Reduce® Daily Success Planning Worksheet

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

Date: ___ / ___ / ___		
Breakfast:	Calories	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:	Calories	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:	Calories	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:	Calories	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:	Calories	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
CALORIES YOU ARE ALLOTTED FOR THE DAY		
TOTAL CALORIES YOU ATE		
SUPPLEMENTS FOR THE DAY:		
Did I follow the Club Reduce® nutrition guidelines for the day? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I replace a meal with a Solutions4 Nutritional Shake? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I drink $\frac{1}{2}$ of my body weight in ounces of water? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ oz. Did I track my calories? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I use Self-Mastery Technology? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No From what I did yesterday, am I closer to my goal? <input type="checkbox"/> Yes <input type="checkbox"/> No Hours of sleep I received last night: _____		
Rate stress level today (1=low, 10=high): 1 2 3 4 5 6 7 8 9 10		
My weight today: _____		

Club Reduce® Daily Success Planning Worksheet

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

Date: ___ / ___ / ___		
Breakfast:	Calories	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:	Calories	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:	Calories	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:	Calories	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:	Calories	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
CALORIES YOU ARE ALLOTTED FOR THE DAY		
TOTAL CALORIES YOU ATE		
SUPPLEMENTS FOR THE DAY:		
Did I follow the Club Reduce® nutrition guidelines for the day? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I replace a meal with a Solutions4 Nutritional Shake? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I drink $\frac{1}{2}$ of my body weight in ounces of water? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ oz. Did I track my calories? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I use Self-Mastery Technology? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No From what I did yesterday, am I closer to my goal? <input type="checkbox"/> Yes <input type="checkbox"/> No Hours of sleep I received last night: _____		
Rate stress level today (1=low, 10=high): 1 2 3 4 5 6 7 8 9 10		
My weight today: _____		

Club Reduce® Daily Success Planning Worksheet

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

Date: ___ / ___ / ___		
Breakfast:	Calories	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:	Calories	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:	Calories	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:	Calories	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:	Calories	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
CALORIES YOU ARE ALLOTTED FOR THE DAY		
TOTAL CALORIES YOU ATE		
SUPPLEMENTS FOR THE DAY:		
Did I follow the Club Reduce® nutrition guidelines for the day? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I replace a meal with a Solutions4 Nutritional Shake? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I drink $\frac{1}{2}$ of my body weight in ounces of water? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ oz. Did I track my calories? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I use Self-Mastery Technology? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No From what I did yesterday, am I closer to my goal? <input type="checkbox"/> Yes <input type="checkbox"/> No Hours of sleep I received last night: _____		
Rate stress level today (1=low, 10=high): 1 2 3 4 5 6 7 8 9 10		
My weight today: _____		

Club Reduce® Daily Success Planning Worksheet

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

Date: ___ / ___ / ___		
Breakfast:	Calories	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:	Calories	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:	Calories	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:	Calories	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:	Calories	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
CALORIES YOU ARE ALLOTTED FOR THE DAY		
TOTAL CALORIES YOU ATE		
SUPPLEMENTS FOR THE DAY:		
Did I follow the Club Reduce® nutrition guidelines for the day? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I replace a meal with a Solutions4 Nutritional Shake? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I drink $\frac{1}{2}$ of my body weight in ounces of water? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ oz. Did I track my calories? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I use Self-Mastery Technology? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No From what I did yesterday, am I closer to my goal? <input type="checkbox"/> Yes <input type="checkbox"/> No Hours of sleep I received last night: _____		
Rate stress level today (1=low, 10=high): 1 2 3 4 5 6 7 8 9 10		
My weight today: _____		

Club Reduce® Daily Success Planning Worksheet

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

Date: ___ / ___ / ___		
Breakfast:	Calories	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:	Calories	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:	Calories	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:	Calories	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:	Calories	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
CALORIES YOU ARE ALLOTTED FOR THE DAY		
TOTAL CALORIES YOU ATE		
SUPPLEMENTS FOR THE DAY:		
Did I follow the Club Reduce® nutrition guidelines for the day? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I replace a meal with a Solutions4 Nutritional Shake? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I drink $\frac{1}{2}$ of my body weight in ounces of water? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ oz. Did I track my calories? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I use Self-Mastery Technology? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No From what I did yesterday, am I closer to my goal? <input type="checkbox"/> Yes <input type="checkbox"/> No Hours of sleep I received last night: _____		
Rate stress level today (1=low, 10=high): 1 2 3 4 5 6 7 8 9 10		
My weight today: _____		

Club Reduce® Daily Success Planning Worksheet

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

Date: ___ / ___ / ___		
Breakfast:	Calories	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:	Calories	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:	Calories	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:	Calories	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:	Calories	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
CALORIES YOU ARE ALLOTTED FOR THE DAY		
TOTAL CALORIES YOU ATE		
SUPPLEMENTS FOR THE DAY:		
Did I follow the Club Reduce® nutrition guidelines for the day? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I replace a meal with a Solutions4 Nutritional Shake? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I drink $\frac{1}{2}$ of my body weight in ounces of water? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ oz. Did I track my calories? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I use Self-Mastery Technology? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No From what I did yesterday, am I closer to my goal? <input type="checkbox"/> Yes <input type="checkbox"/> No Hours of sleep I received last night: _____		
Rate stress level today (1=low, 10=high): 1 2 3 4 5 6 7 8 9 10		
My weight today: _____		

Club Reduce® Daily Success Planning Worksheet

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

Date: ___ / ___ / ___		
Breakfast:	Calories	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:	Calories	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:	Calories	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:	Calories	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:	Calories	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
CALORIES YOU ARE ALLOTTED FOR THE DAY		
TOTAL CALORIES YOU ATE		
SUPPLEMENTS FOR THE DAY:		
Did I follow the Club Reduce® nutrition guidelines for the day? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I replace a meal with a Solutions4 Nutritional Shake? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I drink $\frac{1}{2}$ of my body weight in ounces of water? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ oz. Did I track my calories? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I use Self-Mastery Technology? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No From what I did yesterday, am I closer to my goal? <input type="checkbox"/> Yes <input type="checkbox"/> No Hours of sleep I received last night: _____		
Rate stress level today (1=low, 10=high): 1 2 3 4 5 6 7 8 9 10		
My weight today: _____		

Club Reduce® Daily Success Planning Worksheet

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

Date: ___ / ___ / ___		
Breakfast:	Calories	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:	Calories	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:	Calories	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:	Calories	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:	Calories	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
CALORIES YOU ARE ALLOTTED FOR THE DAY		
TOTAL CALORIES YOU ATE		
SUPPLEMENTS FOR THE DAY:		
Did I follow the Club Reduce® nutrition guidelines for the day? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I replace a meal with a Solutions4 Nutritional Shake? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I drink $\frac{1}{2}$ of my body weight in ounces of water? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ oz. Did I track my calories? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I use Self-Mastery Technology? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No From what I did yesterday, am I closer to my goal? <input type="checkbox"/> Yes <input type="checkbox"/> No Hours of sleep I received last night: _____		
Rate stress level today (1=low, 10=high): 1 2 3 4 5 6 7 8 9 10		
My weight today: _____		

Club Reduce® Daily Success Planning Worksheet

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

Date: ___ / ___ / ___		
Breakfast:	Calories	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:	Calories	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:	Calories	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:	Calories	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:	Calories	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
CALORIES YOU ARE ALLOTTED FOR THE DAY		
TOTAL CALORIES YOU ATE		
SUPPLEMENTS FOR THE DAY:		
Did I follow the Club Reduce® nutrition guidelines for the day? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I replace a meal with a Solutions4 Nutritional Shake? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I drink $\frac{1}{2}$ of my body weight in ounces of water? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ oz. Did I track my calories? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I use Self-Mastery Technology? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No From what I did yesterday, am I closer to my goal? <input type="checkbox"/> Yes <input type="checkbox"/> No Hours of sleep I received last night: _____		
Rate stress level today (1=low, 10=high): 1 2 3 4 5 6 7 8 9 10		
My weight today: _____		

Club Reduce® Daily Success Planning Worksheet

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

Date: ___ / ___ / ___		
Breakfast:	Calories	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:	Calories	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:	Calories	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:	Calories	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:	Calories	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
CALORIES YOU ARE ALLOTTED FOR THE DAY		
TOTAL CALORIES YOU ATE		
SUPPLEMENTS FOR THE DAY:		
Did I follow the Club Reduce® nutrition guidelines for the day? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I replace a meal with a Solutions4 Nutritional Shake? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I drink $\frac{1}{2}$ of my body weight in ounces of water? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ oz. Did I track my calories? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I use Self-Mastery Technology? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No From what I did yesterday, am I closer to my goal? <input type="checkbox"/> Yes <input type="checkbox"/> No Hours of sleep I received last night: _____		
Rate stress level today (1=low, 10=high): 1 2 3 4 5 6 7 8 9 10		
My weight today: _____		

Club Reduce® Daily Success Planning Worksheet

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

Date: ___ / ___ / ___		
Breakfast:	Calories	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:	Calories	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:	Calories	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:	Calories	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:	Calories	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
CALORIES YOU ARE ALLOTTED FOR THE DAY		
TOTAL CALORIES YOU ATE		
SUPPLEMENTS FOR THE DAY:		
Did I follow the Club Reduce® nutrition guidelines for the day? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I replace a meal with a Solutions4 Nutritional Shake? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I drink $\frac{1}{2}$ of my body weight in ounces of water? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ oz. Did I track my calories? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I use Self-Mastery Technology? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No From what I did yesterday, am I closer to my goal? <input type="checkbox"/> Yes <input type="checkbox"/> No Hours of sleep I received last night: _____		
Rate stress level today (1=low, 10=high): 1 2 3 4 5 6 7 8 9 10		
My weight today: _____		

Club Reduce® Daily Success Planning Worksheet

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

Date: ___ / ___ / ___		
Breakfast:	Calories	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:	Calories	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:	Calories	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:	Calories	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:	Calories	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
CALORIES YOU ARE ALLOTTED FOR THE DAY		
TOTAL CALORIES YOU ATE		
SUPPLEMENTS FOR THE DAY:		
Did I follow the Club Reduce® nutrition guidelines for the day? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I replace a meal with a Solutions4 Nutritional Shake? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I drink $\frac{1}{2}$ of my body weight in ounces of water? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ oz. Did I track my calories? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I use Self-Mastery Technology? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No From what I did yesterday, am I closer to my goal? <input type="checkbox"/> Yes <input type="checkbox"/> No Hours of sleep I received last night: _____		
Rate stress level today (1=low, 10=high): 1 2 3 4 5 6 7 8 9 10		
My weight today: _____		

Club Reduce® Daily Success Planning Worksheet

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

Date: ___ / ___ / ___		
Breakfast:	Calories	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:	Calories	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:	Calories	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:	Calories	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:	Calories	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
CALORIES YOU ARE ALLOTTED FOR THE DAY		
TOTAL CALORIES YOU ATE		
SUPPLEMENTS FOR THE DAY:		
Did I follow the Club Reduce® nutrition guidelines for the day? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I replace a meal with a Solutions4 Nutritional Shake? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I drink $\frac{1}{2}$ of my body weight in ounces of water? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ oz. Did I track my calories? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I use Self-Mastery Technology? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No From what I did yesterday, am I closer to my goal? <input type="checkbox"/> Yes <input type="checkbox"/> No Hours of sleep I received last night: _____		
Rate stress level today (1=low, 10=high): 1 2 3 4 5 6 7 8 9 10		
My weight today: _____		

Club Reduce® Daily Success Planning Worksheet

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

Date: ___ / ___ / ___		
Breakfast:	Calories	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:	Calories	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:	Calories	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:	Calories	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:	Calories	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
CALORIES YOU ARE ALLOTTED FOR THE DAY		
TOTAL CALORIES YOU ATE		
SUPPLEMENTS FOR THE DAY:		
Did I follow the Club Reduce® nutrition guidelines for the day? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I replace a meal with a Solutions4 Nutritional Shake? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I drink $\frac{1}{2}$ of my body weight in ounces of water? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ oz. Did I track my calories? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I use Self-Mastery Technology? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No From what I did yesterday, am I closer to my goal? <input type="checkbox"/> Yes <input type="checkbox"/> No Hours of sleep I received last night: _____		
Rate stress level today (1=low, 10=high): 1 2 3 4 5 6 7 8 9 10		
My weight today: _____		

Club Reduce® Daily Success Planning Worksheet

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

Date: ___ / ___ / ___		
Breakfast:	Calories	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:	Calories	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:	Calories	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:	Calories	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:	Calories	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
CALORIES YOU ARE ALLOTTED FOR THE DAY		
TOTAL CALORIES YOU ATE		
SUPPLEMENTS FOR THE DAY:		
Did I follow the Club Reduce® nutrition guidelines for the day? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I replace a meal with a Solutions4 Nutritional Shake? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I drink $\frac{1}{2}$ of my body weight in ounces of water? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ oz. Did I track my calories? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I use Self-Mastery Technology? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No From what I did yesterday, am I closer to my goal? <input type="checkbox"/> Yes <input type="checkbox"/> No Hours of sleep I received last night: _____		
Rate stress level today (1=low, 10=high): 1 2 3 4 5 6 7 8 9 10		
My weight today: _____		

Club Reduce® Daily Success Planning Worksheet

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

Date: ___ / ___ / ___		
Breakfast:	Calories	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:	Calories	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:	Calories	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:	Calories	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:	Calories	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
CALORIES YOU ARE ALLOTTED FOR THE DAY		
TOTAL CALORIES YOU ATE		
SUPPLEMENTS FOR THE DAY:		
Did I follow the Club Reduce® nutrition guidelines for the day? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I replace a meal with a Solutions4 Nutritional Shake? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I drink $\frac{1}{2}$ of my body weight in ounces of water? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ oz. Did I track my calories? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I use Self-Mastery Technology? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No From what I did yesterday, am I closer to my goal? <input type="checkbox"/> Yes <input type="checkbox"/> No Hours of sleep I received last night: _____		
Rate stress level today (1=low, 10=high): 1 2 3 4 5 6 7 8 9 10		
My weight today: _____		

Club Reduce® Daily Success Planning Worksheet

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

Date: ___ / ___ / ___		
Breakfast:	Calories	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:	Calories	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:	Calories	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:	Calories	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:	Calories	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
CALORIES YOU ARE ALLOTTED FOR THE DAY		
TOTAL CALORIES YOU ATE		
SUPPLEMENTS FOR THE DAY:		
Did I follow the Club Reduce® nutrition guidelines for the day? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I replace a meal with a Solutions4 Nutritional Shake? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I drink $\frac{1}{2}$ of my body weight in ounces of water? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ oz. Did I track my calories? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I use Self-Mastery Technology? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No From what I did yesterday, am I closer to my goal? <input type="checkbox"/> Yes <input type="checkbox"/> No Hours of sleep I received last night: _____		
Rate stress level today (1=low, 10=high): 1 2 3 4 5 6 7 8 9 10		
My weight today: _____		

Club Reduce® Daily Success Planning Worksheet

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

Date: ___ / ___ / ___		
Breakfast:	Calories	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:	Calories	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:	Calories	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:	Calories	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:	Calories	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
CALORIES YOU ARE ALLOTTED FOR THE DAY		
TOTAL CALORIES YOU ATE		
SUPPLEMENTS FOR THE DAY:		
Did I follow the Club Reduce® nutrition guidelines for the day? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I replace a meal with a Solutions4 Nutritional Shake? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I drink $\frac{1}{2}$ of my body weight in ounces of water? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ oz. Did I track my calories? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I use Self-Mastery Technology? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No From what I did yesterday, am I closer to my goal? <input type="checkbox"/> Yes <input type="checkbox"/> No Hours of sleep I received last night: _____		
Rate stress level today (1=low, 10=high): 1 2 3 4 5 6 7 8 9 10		
My weight today: _____		

Club Reduce® Daily Success Planning Worksheet

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

Date: ___ / ___ / ___		
Breakfast:	Calories	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:	Calories	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:	Calories	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:	Calories	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:	Calories	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
CALORIES YOU ARE ALLOTTED FOR THE DAY		
TOTAL CALORIES YOU ATE		
SUPPLEMENTS FOR THE DAY:		
Did I follow the Club Reduce® nutrition guidelines for the day? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I replace a meal with a Solutions4 Nutritional Shake? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I drink $\frac{1}{2}$ of my body weight in ounces of water? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ oz. Did I track my calories? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I use Self-Mastery Technology? <input type="checkbox"/> Yes <input type="checkbox"/> No Did I exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No From what I did yesterday, am I closer to my goal? <input type="checkbox"/> Yes <input type="checkbox"/> No Hours of sleep I received last night: _____		
Rate stress level today (1=low, 10=high): 1 2 3 4 5 6 7 8 9 10		
My weight today: _____		

DETOX (Day 1)

Date: ___ / ___ / ___

To be done at least once per quarter.

AM SUPPLEMENTS: Take up to 3 Appetite Appeasers

Body Purifier: 2 Fiber Blend: 8 Intestinal Cleanser: 2

9:00 a.m. to 2:00 p.m.

- Lemon Mixture #1
- Water Bottle #1

2:00 p.m. to 7:00 p.m.

- Lemon Mixture #2
- Water Bottle #2

PM SUPPLEMENTS:

Body Purifier: 2 Fiber Blend: 8 Intestinal Cleanser: 2

✓ = YES ✗ = NO (Check Daily)

- Did you follow the DETOX guidelines?
- Did you take all of your supplements?
- Did you drink half of your body weight in ounces? ____ oz.
- Hours of Sleep received last night ____ hrs
- If stressed, did you use any relaxation techniques?
Rate your stress level today (1=low, 10=high)

1 2 3 4 5 6 7 8 9 10

DETOX (Day 2)

To be done at least once per quarter.

Date: __ / __ / __

AM SUPPLEMENTS: Take up to 3 Appetite Appeasers

Body Purifier: 3 Fiber Blend: 8 Intestinal Cleanser: 2

9:00 a.m. to 2:00 p.m.

- Lemon Mixture #1
- Water Bottle #1

2:00 p.m. to 7:00 p.m.

- Lemon Mixture #2
- Water Bottle #2

PM SUPPLEMENTS:

Body Purifier: 3 Fiber Blend: 8 Intestinal Cleanser: 2

✓ = YES ✗ = NO (Check Daily)

- Did you follow the DETOX guidelines?
- Did you take all of your supplements?
- Did you drink half of your body weight in ounces? ____ oz.
- Hours of Sleep received last night ____ hrs
- If stressed, did you use any relaxation techniques?
Rate your stress level today (1=low, 10=high)

1 2 3 4 5 6 7 8 9 10

DETOX (Day 3)

Date: ___ / ___ / ___

To be done at least once per quarter.

AM SUPPLEMENTS: Take up to 3 Appetite Appeasers

Body Purifier: 4 Fiber Blend: 8 Intestinal Cleanser: 2

9:00 a.m. to 2:00 p.m.

- Lemon Mixture #1
- Water Bottle #1

2:00 p.m. to 7:00 p.m.

- Lemon Mixture #2
- Water Bottle #2

PM SUPPLEMENTS:

Body Purifier: 4 Fiber Blend: 8 Intestinal Cleanser: 2

✓ = YES ✗ = NO (Check Daily)

- Did you follow the DETOX guidelines?
- Did you take all of your supplements?
- Did you drink half of your body weight in ounces? ____ oz.
- Hours of Sleep received last night ____ hrs
- If stressed, did you use any relaxation techniques?
Rate your stress level today (1=low, 10=high)
1 2 3 4 5 6 7 8 9 10

CALORIE INDEX

Vegetables	Serving Size	Raw
Artichokes	½ Cup	30
Alfalfa sprouts	½ Cup	28
Asparagus	1 Cup	27
Bamboo shoots	1 Cup	41
Bean sprouts	1 Cup	53
Beets	1 Cup	58
Bok Choy	½ Head	50
Broccoli	1 Cup	30
Brussels sprouts	1 Cup	38
Buckwheat sprouts	1 Cups	583
Cabbage, Chinese	1 Cup Shredded	9
Cabbage, Red	1 Cup Shredded	28
Carrots	1 Cup Chopped	52
Cauliflower	1 Cup	25
Celery	1 Cup Diced	19
Chard, Swiss	1 Cup	7
Chives	1 Tbsp Chopped	1
Cucumber	1 Cup	16
Eggplant	1 Cup Cubes	20
Edamame	½ Cup	100
Fennel, Bulb	1 Cup	27
Garlic	1 Clove	4
Green Beans	1 Cup	40
Green Onions	1 Cup Chopped	32
Jicama	1 Cup	46
Kohlrabi	1 Cup	36
Lima Beans	1 Cup	176
Leek	1 Cup	54
Mung Bean Sprouts	1 Cup	31
Okra	1 Cup	31
Onion	1 Cup	64
Parsley	1 Cup	22
Parsnips	½ Cup	100
Pepper, Green	1 Cup	30
Pepper, Red	1 Cup	48
Pimentos	2 Tbsp	80
Radish	1 Cup	19
Rhubarb	1 Cup	26
Rutabaga	1 Cup	50
Shallots	½ Cup	60
Snap Beans (Edible Pods)	1 Cup	34
Snow Peas (Sugar Peas)	1 Cup	41
String Beans	½ Cup	30

Sprouts	1 Cup	56
Tomatillo	½ Cup	21
Turnips	1 Cup	36
Water Chestnuts	1 Cup	80
Wheat Grass	100 ml	14
Zucchini	1 Cup	20

Greens	Serving Size	Raw
Arugula	½ Cup	3
Beet Greens	1 Cup	8
Belgian endive	1	15
Bib lettuce	1 Cup	7
Boston lettuce	1 ½ Cup	15
Butter Lettuce	1 Cup	7
Cress	1 Cup	16
Collard Greens	1 Cup	11
Curly Endive	½ Cup	4
Dandelion Greens	1 Cup	25
Endive	½ Cups	4
Endigia (Red Endive)	½ Cup	4
Escarole	1 ½ Cup	15
Green Leaf	1 ½ Cup	15
Iceberg	1 Cup	8
Kale	1 Cup	34
Mesclun	1 Cup	10
Mustard Greens	1 Cup	15
Oakleaf	½ Cup	4
Radicchio	1 Cup	9
Red Leaf	1 ½ Cup	15
Romaine	½ Cup	5
Spinach	1 Cup	7
Swiss chard	1 Cup	7
Watercress	1 Cup	4

Fruit	Serving Size	Raw
Apples	1 Cup	65
Apricots	1 Cup	74
Avocadoes	1	240
Bananas	1 Cup	200
Blackberries	1 Cup	62
Blueberries	1 Cup	83
Boysenberries	1 Cup	66
Cantaloupe	1 Cup	60
Cherries	1 Cup	90
Coconut Meat	1 Cup	283

Dates	1	35
Figs	1	47
Grapefruit	1 Cup	97
Grapes	1 Cup	62
Guava	1	45
Honeydew	1 Cup	64
Kiwi	1 Cup	108
Lemon	1 Cup	61
Limes	1	20
Mango	1	130
Melons	1	60
Mulberries	1 Cup	80
Nectarines	1	70
Oranges	1 Cup	80
Papaya	½ Cup	70
Peaches	1 Cup	66
Pears	1 Cup	96
Persimmon	1	32
Pineapple	1 Cup	78
Plums	1 Cup	76
Pomegranate	1	105
Raspberries	1 Cup	64
Strawberries	1 Cup	49
Tangelos	1	60
Tangerines	1 Cup	80
Tomatoes	1	15
Watermelon	1	46

Lean Meat	Serving Size	Raw	Cooked
Organic Poultry- Free range, antibiotic free and hormone free is best			
Chicken	½ Cup	-	200
Turkey	½ Cup	-	190
Wild Caught Fish (not farm raised)			
Cod	½ Cup	-	113
Halibut	½ Cup	-	158
Mahi Mahi	½ Cup	-	120
Salmon	½ Cup	-	206
Sea Bass	½ Cup	-	140
Sole	½ Cup	-	133
Swordfish	½ Cup	-	173
Tilapia	1 Cup	-	93
Trout	½ Cup	-	170
Tuna	½ Cup	-	133
Canned Fish- Water packed tuna	½ Cup	-	133

Lentils and Rice	Serving Size	Raw	Cooked
Brown Lentils	1 Cup	-	232
Red Lentils	½ Cup	-	340
Brown Basmati Rice	½ Cup	-	300
Brown Rice	1 Cup	-	218
Wild Rice	1 Cup	-	166

Dairy			
Organic Free-range eggs	1	-	70
Organic butter	1 Tbsp	100	-

Oils			
Coconut Oil- (A great substitute for Butter)	1 Tbsp	125	-
Extra virgin olive oil	1 Tbsp	120	-
Flaxseed Oil- (Great for dressings. Keep refrigerated, do no heat)	1 Tbsp	130	-
Grape seed oil	1 Tbsp	120	-