



ADVOCARE
ONE80™

TRANSFORMATION JOURNAL

VOLUME 1

CONGRATULATIONS!

YOU'RE STARTING YOUR JOURNEY
WITH ADVOCARE®!

**You've made a smart choice! You are
committed and dedicated!**

This is the first step toward a healthier lifestyle. You are worth it! As you prepare for and begin your journey, be sure to follow along day by day throughout this booklet to document your experience, help you stay on track and stay confident in your success.

GOOD ~~LUCK!~~

ADVOCARE
ONE/80™

NOT SURE WHERE TO START OR HAVE QUESTIONS?

GET GOING WITH THESE STEPS:

- 1. Teammates** – The person who helped introduce you to AdvoCare can be your biggest ally – not only in helping you navigate along the way, but also as an accountability buddy to help you stay on track.
- 2. Doctor** – You should always reach out to your doctor before making lifestyle changes like incorporating dietary supplements, adding exercise routines or altering your diet.
- 3. AdvoCare Customer Service** – If you have any questions about products or are not satisfied with what you've purchased, give our Customer Service Team a call. AdvoCare offers a Satisfaction Guarantee on purchased products. If you are not completely satisfied, you may request an exchange or refund within 30 days from the date of purchase.

GOAL SETTING

GOAL (NOUN): the object of a person's ambition or effort; an aim or desired result

As you begin your journey, it's important to set goals. Goal setting is the process of designing what you want to accomplish and devising a plan to achieve the results you desire. Here are our top tips on making a SMART goal:

- **Specific:** A goal should be as specific as possible so you know exactly what you're working toward. "Lose weight," for example, might be too vague – What exactly do you want to achieve and how? Why do you want to achieve that goal? Some examples include: "Fit into my old jeans" or "Maintain a consistent workout routine three to four times per week."
- **Measurable:** You won't know if you've reached a goal unless you measure your progress along the way.
- **Accountable:** Keep track of your journey by writing in this Transformation Journal. Pick a family member, friend or AdvoCare coach to help you stay on track and work toward your goal.

- **Attainable:** You want your goal to be challenging but within reach. You don't want your goal to be too difficult because you may get discouraged, but you want to pick a goal that isn't too easy (if it was easy, you should have already achieved it).
- **Realistic and Relevant:** Each person is different — we all have different capabilities, preferences and resources. Pick a goal that is realistic and relevant to you, and make adjustments as needed.
- **Timeframe:** You can divide your goal into different periods to help set milestones you'd like to accomplish each step of the way – we recommend starting with 24 days. What would you like to achieve in the next 24 days? Then – think longer term into the next 80 days, the next year or the next five years. Start small and build confidence as you work toward your goal.

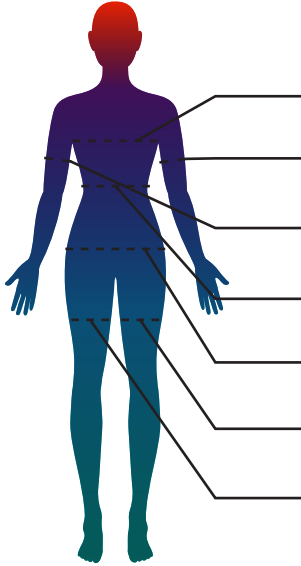
WHAT'S YOUR GOAL FOR THE NEXT 24 DAYS?

WHAT'S YOUR GOAL FOR THE NEXT 80 DAYS?

WHAT'S YOUR ULTIMATE LONG-TERM GOAL?

MEASUREMENTS

One of the biggest mistakes that people make throughout their healthy lifestyle journey is to focus all of their attention to results on the scale. It is important to remember your results are so much more than numbers on a scale. Body composition, daily energy levels and overall quality of life are just a few of the ways you can track your progress. Use the table below to take your measurements each step of the way.



DAY AREA	1	11 CLEANSE PHASE	25 MAX PHASE	52 OPTIMIZE	80 MAKE IT A LIFESTYLE
CHEST					
LEFT ARM					
RIGHT ARM					
WAIST					
HIPS					
LEFT THIGH					
RIGHT THIGH					
WEIGHT					

Use a tape measure for accuracy:

- **Chest:** Measure around the chest/bust at fullest point. For females, wear a bra when doing this measurement.
- **Arm:** Measure around the fullest part of your arm.
- **Waist:** Measure around the smallest part of your waistline.
- **Hips:** Measure around the fullest part of your hips, keeping the tape parallel to the floor.
- **Thigh:** Measure the fullest part of the thigh.

PROGRESS PICTURES

Pictures are a great way to keep track of your progress throughout your journey. In order to get an accurate sense of how your body is changing, here are a few guidelines we recommend:

- Have someone else take your picture, like a family member or friend, or use a tripod in order to take a full-body picture that shows you from head to toe.
- Hold a newspaper or use a time stamp to depict the date you took the picture.
- Do not retouch or modify your photo – this is your way of showing your authentic journey.
- Choose a location that is well lit and in front of a plain wall. Minimize any clutter in the picture so the focus is on you.
- Tight-fitting fitness attire is best. You want to show the curves of your body, but also keep modesty in mind in case you decide to share your progress pictures with other people.
- Stand up straight and maintain the same posture each time you take a progress picture.
- Use the same lighting, pose, location and preferably the same clothing for each photo.
- Take multiple angles: facing the camera with your hands relaxed or on your hips, facing backwards away from the camera and one profile shot facing sideways.
- Take pictures whenever you take new measurements.

ADD YOUR PICTURES TO THE CHART BELOW:

DAY 1	DAY 25
<p>DATE: <u> </u> / <u> </u> / <u> </u></p>	<p>DATE: <u> </u> / <u> </u> / <u> </u></p>

DAY 52

DAY 80

DATE: / /

DATE: / /

PILLARS OF WELLNESS

The pillars of wellness represent the key lifestyle elements that contribute toward your overall health and well-being. At AdvoCare, we believe a sustainable balance of all five pillars is important in order to live a healthy lifestyle and meet your personal health goals. For more information about how you can prioritize each pillar, turn to the corresponding page in your Transformation Journal.



SUPPLEMENTS

ADVO CARE PRODUCTS

Even some of the most balanced diets contain nutritional gaps. Consistently eating healthy food is the desired goal, but food alone may not provide the total daily Recommended Dietary Allowances you need for sufficient nutrition. Nutritional supplements contain ingredients like vitamins, minerals and herbal extracts that assist with healthy aging, weight management, energy, stress management, sleep and athletic performance.

Remember to consult your healthcare provider to determine which dietary supplements are best for your overall health.

The AdvoCare 24-Day Jumpstart™ consists of two phases, the Cleanse Phase and the Max Phase. The following supplements are meant as complements to the other components of a healthy lifestyle:



For information on additional AdvoCare products, visit advocare.com.

NUTRITION

BALANCED DIET

A well-balanced and maintainable diet contains a variety of nutrient-dense foods including lean protein, fruits and vegetables, healthy fats, complex carbohydrates, including whole grains, and water, while limiting consumption of saturated fat, sodium and added sugars.

All food and drinks that have calories are composed of a few basic nutrients: carbohydrates, protein and fat. Calories are important because they provide our body with ENERGY.

Paying attention to calories is an important part of managing your weight. When choosing what to eat and drink, it's important to get the right combination of nutrients to meet caloric needs. Consuming too many high-calorie foods is a leading cause of weight gain potentially leading to obesity. Excess body fat is associated with many negative health consequences.

Understanding calories — where they come from and the amount you're consuming — is important to maintain good health and offers long-term benefits.

CARBOHYDRATES

The body utilizes carbohydrates as the primary source of energy when broken down into glucose molecules. Carbohydrates are also stored in the form of glycogen as an energy reserve and if not used immediately, are stored as body fat to help maintain body weight. Each gram of carbohydrates contributes four calories.

PROTEIN

Protein are molecules comprised of smaller components known as amino acids. Proteins are essential for various functions in the body such as the growth and repair of tissues (including muscle), and the production of hormones and enzymes. Proteins are also used as a secondary source of energy when there is a limited source of carbohydrates available to the body. Each gram of protein supplies the body with four calories, but be sure to stick to lean sources (discussed later).

FATS

Dietary fats provide insulation for the body and play a role in the production of hormones. Essential fatty acids also serve as an energy source for the body and assist with the absorption of fat-soluble vitamins. Since each gram of fat contributes nine calories, fatty acids also serve as an energy source for the body. However, animal sources should be carefully portioned or limited, especially those high in saturated fat and trans fat.

VITAMINS AND MINERALS

Vitamins and minerals are known as micronutrients since they are needed by the body in small amounts and do not provide calories like macronutrients (carbohydrates, protein and fat).

QUALITY AND QUANTITY

The recommendations in this section were derived from the 2015-2020 Dietary Guidelines for Americans. They may not be suitable to you if you require a specialized diet (i.e. low sugar, low fat or low cholesterol). Please consult with your healthcare provider prior to changing your diet.

(I.E. READING LABELS)

- **Serving Size:** Be aware of how many servings are in packaged foods and the amount per serving.
- **Calories:** Calories are the amount of energy you are consuming through foods. Consuming an excess of calories can lead to weight gain.
- **Total Fat:**
 - Look for monounsaturated and polyunsaturated fats. These types of fats are healthy in moderation.
 - Saturated fats are less healthy and should be consumed at less than 3 g per serving.
 - Trans fat or “partially hydrogenated” fats are the least healthy of fats and should be consumed very sparingly.
- **Cholesterol:** The amount of cholesterol you consume per day should be less than 300 mg.
- **Sodium:** Choose lower sodium options. We recommend limiting intake of sodium to less than 2,300 mg per day.

- **Total Carbohydrates:**

- **Dietary Fiber:** Look for high fiber (25-30 grams per day). Fiber aids in digestion and helps keep you full.
- **Sugars:** Naturally occurring sugars should be consumed in moderation. Added sugars are in certain foods like flavored yogurts and soda and should be consumed in moderation (no more than 50 g per day).

- **Protein:** Look for foods that are high in protein.

- **Vitamins and Minerals:** Good sources of vitamins contain 10% or more of the recommended daily value.

PORTION CONTROL

Portion control is an important tool for weight management. Controlling the amount of calories you consume each meal/snack will help you track your net caloric intake each day. Your net caloric intake is the amount of calories gained from the food you eat minus the amount burned throughout the day via activity and exercise. In simple terms, calories are the unit of measure of the energy released through the food you consume as it is digested by the body. The overconsumption of calories and/or lack of activity and exercise over time will cause weight gain. In addition, portion control can help ensure your meals and snacks are more balanced nutritionally.

- Pay attention to servings on package labels (some packaged foods list nutrition facts for “one serving” when the package contains two to three servings total).
- Make your meal consist of at least three different food groups (lean protein, leafy greens, root veggies, whole grains, etc.).
- Make your meal multiple colors (green, orange, red, tan, etc.).
- As an easy-to-use rule: each serving/color of food on your plate should not exceed the amount you can hold in your palm.
- If you struggle with not feeling “full,” try increasing fiber-rich foods in your diet, or drinking more water with a meal.
- Food scales can help you accurately monitor your portion sizes and calories.
- When eating out at restaurants, ask for a to-go box and reserve half of your meal for later (portions served in American restaurants tend to be extremely large).
- When eating out at restaurants, ask for your sauce or dressing on the side when possible. Watch out for words like “crispy” - that usually means deep fried. Look for descriptors like “grilled” or “steamed.”

PORTION CONTROL GUIDE

REFERENCE: MYPLATE.GOV

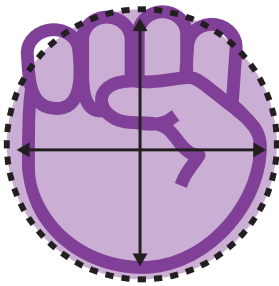
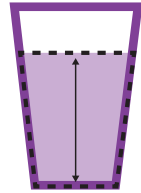
WATER/INTAKE:

BODY WEIGHT _____ lbs.

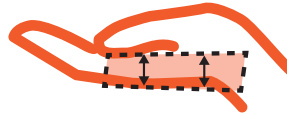
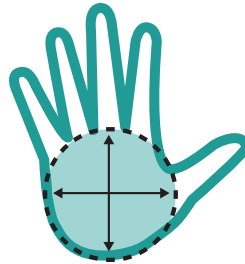
$$\frac{\text{BODY WEIGHT}}{2} = \text{_____ OZ.}$$

This is the amount of water you should drink per day

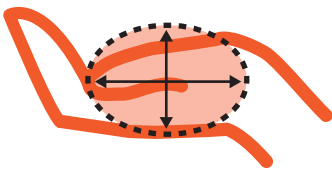
8 oz. = 1 cup



Non-Meat Proteins: Should be the size and thickness of your fist

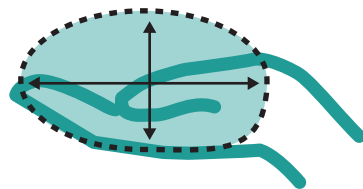


Meat Proteins: Should be no bigger and no thicker than the palm of your hand



Legumes, Whole Grains, Breads, Nuts:

Amount that can fit into your cupped hand



Fruits and Vegetables:

Amount that can be held in your open palm

SUGGESTED FOOD LIST

(WITH SERVING SIZES)

Select foods from this list to help fill in your daily nutritional needs using the outline in the Transformation Journal. Depending upon your goals and needs, you may need to make adjustments to suggested portions. They are merely a guideline and are not a definitive list of what can and cannot be consumed. As always, please consult your healthcare provider before making any dietary or fitness modifications.

PROTEINS

- Chicken Breast, 3 oz.
- Eggs, 1 egg
- Game Meat (bison, venison, etc.), 4 oz.
- Lean Ground Beef or Turkey (\geq 93% lean), 4 oz.
- Lean Fish (tilapia, salmon, red snapper, cod, etc.), 3 oz.
- Tofu, 1/2 c. or 4 oz.
- Tuna (fresh or packed in water), 3 oz.
- Turkey Breast, 3 oz.

VEGETABLES

- Asparagus, 1/2 c. or 6 spears
- Broccoli, 1 c.
- Brussels Sprouts, 1 c.
- Cauliflower, 1 c.
- Celery, 1 c. chopped or 1 med. stalk
- Cucumber, 1/2 c. sliced
- Dark Leafy Greens (spinach, kale, etc.), 1 c.
- Eggplant, 1 c. cubed
- Green Beans, 1 c.
- Onion, 1 c. chopped
- Peppers, 1 c. chopped
- Salad Greens (spring mix, romaine, etc.), 1 c.
- Tomato, 1 med. or 1 c. chopped
- Zucchini/Squash, 1 c. chopped

COMPLEX CARBS

- Beans, 1/2 c. uncooked/dry, 1 c. cooked
- Lentils, 1/4 c. uncooked/dry, 1/2 c. cooked
- Oatmeal, 1/2 c. uncooked/dry, 1 c. cooked

- Quinoa, 1/4 c. uncooked, 1/2 c. cooked
- Potatoes (any variety), 1 c. diced, 1 c. mashed or 1 med. baked
- Whole grains (brown rice, whole grain pasta or bread), 1/2 c. cooked or 1 slice

FRUIT

- Apple, 1 small
- Banana, 1 large
- Berries (strawberries, blueberries, etc.), 1 c.
- Citrus Fruits (oranges, grapefruits, etc), 1 orange or 1/2 grapefruit
- Grapes, 1 c.
- Kiwi, 1
- Mango, 1 small or 1 c. diced
- Melon, 1 c. diced
- Pear, 1 med.
- Pineapple, 1 c. diced
- 100% Fruit Juice, 4 oz.

HEALTHY FATS

- Avocado, 1/3 med. size
- Nut Butter (no added sugar, oil or salt), 2 tbsp.
- Nuts or Seeds (no added sugar, oil or salt), 1 oz.
- Oil (extra virgin olive oil, coconut oil, etc.), 1 tsp.

DAIRY/NON-DAIRY ALTERNATIVES







- Plain Yogurt (nonfat or low fat), 1 c.
- Low-Fat Cheese, 1 1/2 oz.
- Milk (skim or reduced fat), 1 c.

FOODS TO AVOID

- Soda (including diet)
- Alcohol
- Creamy Sauces
- High-Calorie Salad Dressings
- Added Sugars
- Candy
- Fried Foods
- Processed Foods
- White Flour
- Partially Hydrogenated Oils

SIMPLE SWAPS

Some staple foods you find on restaurant menus and in your kitchen often have “healthier” counterparts. Swapping these foods for better, more nutritious options can help you make better food choices. In recent years, some simple food swaps have become more common practice, like whole grain bread versus white bread and healthier cooking oils versus butter/margarine. Here are some examples of food swaps:

CARBOHYDRATES Avoid or limit high-sugar, low-fiber carbohydrates. Instead, look for whole grains that are higher in fiber.	
AVOID/MINIMIZE	BETTER CHOICE
 POTATO FRIES	 BAKED SWEET POTATO
 WHITE BREAD	 WHOLE WHEAT / WHOLE GRAIN BREAD
 FRUIT JUICE	 FRESH BERRIES

CARBOHYDRATES

Avoid or limit high-sugar, low-fiber carbohydrates. Instead, look for whole grains that are higher in fiber.

AVOID/MINIMIZE



HIGH-SUGAR CEREAL

BETTER CHOICE



HIGH-FIBER CEREAL

FATS

Avoid and limit the intake of saturated fats in your diet. Instead, look for monounsaturated and polyunsaturated fats and sources of omega-3 fatty acids.

AVOID/MINIMIZE



HIGH-FAT DAIRY AND CHEESE

BETTER CHOICE



AVOCADO



MARGARINE



OLIVE OIL

FATS

Avoid and limit the intake of saturated fats in your diet. Instead, look for monounsaturated and polyunsaturated fats and sources of omega-3 fatty acids.

AVOID/MINIMIZE



POTATO CHIPS

BETTER CHOICE



NUTS AND SEEDS



CORN OIL



CANOLA OIL



FATTY RED MEAT



FRESH SALMON

PROTEINS

Avoid fried or breaded proteins or proteins cooked in a creamy sauce. Instead, look for lean cuts of meat that are grilled, boiled, steamed or poached with no sauce or sauce on the side.

AVOID/MINIMIZE



FRIED FISH OR FISH STICKS

BETTER CHOICE



FRESH COD OR WHITE FISH

PROTEINS

Avoid fried or breaded proteins or proteins cooked in a creamy sauce. Instead, look for lean cuts of meat that are grilled, boiled, steamed or poached with no sauce or sauce on the side.

AVOID/MINIMIZE

BETTER CHOICE



FRIED CHICKEN



GRILLED, BROILED OR
POACHED CHICKEN BREAST



HIGH-FAT PORK (EX. SAUSAGE)



PORK TENDERLOIN



CREAM CHEESE



LOW-FAT COTTAGE CHEESE



GROUND CHUCK



LEAN SIRLOIN BEEF OR
FILET MIGNON

MEAL PREP

WHY MEAL PREP?

- 1. Make healthier choices** – avoid temptation and always be prepared.
- 2. Save money** – plan ahead and stick with your list at grocery stores – cooking is cheaper than eating out.
- 3. Save time** – a few hours one or two days saves you tons of time the rest of the week.

Start small and keep it simple – plan one to two meals a day and pack healthy snacks that don't require any prep. AdvoCare Meal Replacement Shakes require minimal prep and take the guess work out of breakfast! AdvoCare Ready-to-Drink Protein is great for on-the-go nutrition, especially as an afternoon snack.

WHAT DOES A MEAL PREP DAY LOOK LIKE?

DEDICATE A FEW HOURS AND SAVE TIME THROUGHOUT THE WEEK.

- 1. Grocery shop** – create a plan and stick to your list!
 - Tip: stick to the outer edges of the grocery store – you only need to be going to the middle to get non-perishables like rice, spices, nuts, etc.
 - If you're getting condiments, be mindful of the sugar and sodium – things like salsa and marinara sauce can be super sneaky.
- 2. When you get home, peel, chop, cut all your fruits and veggies**
 - Put into containers in the fridge or roast/cook the veggies you'll use in the next couple of days.
- 3. Prep your protein & carbs**
 - Plan and prep a variety of meals so you can alternate throughout the week.
 - Make items to store in the freezer and eat later.
 - Leave your meats "basic" or unseasoned/plain so you can use it in a variety of ways throughout the week (chicken or ground turkey/beef can be changed based on the seasonings you use when you pair it with a meal).

FAVORITE LOWER CALORIE SAUCES/SEASONING

- Salsa (either make your own or look for no added sugar)
- Balsamic Vinegar
- Mustard (dijon, grainy mustard, spicy mustard)
- Reduced-Sugar Ketchup
- Apple Cider Vinegar (mix with one packet of non-nutritive sweetener and mustard for a DIY honey mustard sauce)
- Sriracha
- Low-Sodium Soy Sauce or Bragg’s Liquid Aminos or Coconut Aminos
- Franks Red Hot (buffalo sauce)

FRIDGE-FREE SNACK IDEAS

(TRY TO PICK AT LEAST TWO FOOD GROUPS LIKE A PROTEIN AND A FAT):

- Almonds/cashews (the only ingredient should be nuts - no other added oil/salt/etc.)
- Turkey Jerky (watch out for sodium levels and added ingredients)
- Rice cakes with nut butter
- Tuna (in water)
- Protein Shakes (like AdvoCare Muscle Gain™)
- Protein Bars (like AdvoBar®)

ADDITIONAL HEALTHY SWAPS	
INSTEAD OF	TRY
PASTA	ZUCCHINI NOODLES, SPAGHETTI SQUASH OR BROCCOLI SLAW
BREAD	PORTOBELLO MUSHROOMS, BUTTER LETTUCE OR CUCUMBERS
CHIPS	MINI BELL PEPPERS OR CARROT CHIPS
SOUR CREAM	0% PLAIN GREEK YOGURT
RICE	RICED CAULIFLOWER
BREAD CRUMBS	OLD-FASHIONED OATMEAL
TACO SHELLS	LETTUCE/COLLARD WRAP
MASHED POTATOES	MASHED CAULIFLOWER
SOFT DRINKS	SPARKLING WATER WITH LIME OR LEMON
CANDY	FROZEN GRAPES OR CHERRIES

HYDRATION

Maintaining hydration is a key component to your health. Most of your fluid needs can be obtained through the water and beverages you drink, as well as through some of the types of foods you eat. The amount of fluids you need is dependent upon your size, activity level and your environment. In general, consume half of your body weight in ounces per day.

WATER HELPS YOUR BODY:

- Keep a normal temperature
- Lubricate and cushion joints
- Get rid of wastes through urination, perspiration and bowel movements

MORE WATER IS NEEDED WHEN YOU ARE:

- In hot climates
- More physically active

CAFFEINE

Caffeine is a naturally occurring substance found in a large variety of plants and beverages we consume. Caffeine is a thoroughly researched ingredient, and the general consensus is that a moderate amount consumed daily is not harmful. It is important to remember, however, that everybody and every body is different and has a different sensitivity to the effects of caffeine. So, it is important to be cognizant of which foods, drinks and supplements you consume that contain caffeine.

Coffee, tea, chocolate and certain soft drinks all contain various amounts of caffeine per serving.

ADVOCARE PRODUCTS CONTAINING CAFFEINE:

- Spark® (120mg)
- AdvoCare Slam® (120mg)
- Coffeccino® (120mg)
- MNS® 3 (130-160mg)
- MNS® C (300-320mg)
- MNS® E (338-412mg)
- ThermoPlus® (40-50mg)
- AdvoCare Slim® (120mg)
- FIT Pre (110mg)
- AdvoCare Muscle Fuel (100mg)

Note: Products with a range of numbers listed contain caffeine from herbal sources. Therefore, a range is an approximation of the total caffeine content.

EXERCISE

PHYSICAL ACTIVITY

Any amount of physical activity is better than none, but the recommended amount is 150 minutes per week (or two hours and 30 minutes) in at least 10-minute intervals.

TYPES OF ACTIVITY

- **Aerobic Activity:** Any endurance activity performed in a rhythmic manner for a sustained period of time. These activities typically increase your heart rate and help improve cardiovascular fitness.
- **Muscle Strengthening:** Any activity which increases skeletal muscle strength, power, endurance and mass. It is imperative to work all major skeletal muscle groups such as shoulders, chest, triceps/biceps, abdomen, legs and back.

THE CENTERS FOR DISEASE CONTROL AND PREVENTION RECOMMENDS ADULTS RECEIVE:

- Two hours and 30 minutes (150 minutes) of moderate-intensity aerobic activity every week.

AND

- Muscle-strengthening activities on two or more days a week.

OR

- 1 hour and 15 minutes (75 minutes) of vigorous-intensity aerobic activity every week.

AND

- Muscle-strengthening activities on two or more days a week.

OR

- An equivalent mix of moderate and vigorous-intensity aerobic activity.

AND

- Muscle-strengthening activities on two or more days a week.

INTENSITY

- **Moderate:** brisk walking, water aerobics, general gardening
- **Vigorous:** jogging, jump rope, heavy gardening

IDEAS TO GET MOVING

Having an active lifestyle does not mean you have to go to the gym, although working out at the gym is great to do. Below are some suggestions on ways to incorporate physical activity into your daily routine:

AT HOME:

- Garden or mow the grass.
- Go on a short walk.
- Walk the dog.
- Stand while talking on the phone.
- Park further away when shopping.
- Jog in place or do squats while watching TV.

AT WORK:

- Brainstorm project ideas with co-workers while taking a walk.
- Use a standing desk.
- Walk to speak to someone instead of using the phone.
- Take the stairs instead of the elevator.
- Walk while waiting for the plane at the airport.
- Participate in a recreational league at your company.
- Walk around your building during a break or during lunch.

AT PLAY:

- Plan family outings and vacations that include physical activity (hiking, backpacking, swimming, etc.).
- See the sites in new cities by walking, jogging or bicycling.
- Dance.
- Join a recreational club that emphasizes physical activity.
- At the beach, sit and watch the waves instead of lying flat. Better yet, get up and walk, run or fly a kite.
- When golfing, walk instead of using a cart.

STRESS

STRESS MANAGEMENT

Stress will get in the way of your health and lifestyle goals. It can lead to emotional eating, poor sleep and the adoption of more sedentary behaviors. In order to achieve a healthier lifestyle, you must be able to manage stress levels. Creating your own stress-management strategy is a great place to start.

TIPS FOR WAYS TO RELAX:

- Practice yoga
- Turn off your phone for a few hours
- Listen to your favorite album
- Read a good book
- Get a massage
- Laugh
- Practice deep-breathing exercises
- Recite affirmations out loud
- Manage your time by planning ahead
- Spend time outdoors
- Meditate
- Journaling
- Exercise regularly

SLEEP

QUALITY SLEEP

Believe it or not, sleep is probably one of the most important activities of the day, yet it is the one we most often sacrifice. Those who sleep less than seven hours a night are more likely to have weight issues and other health problems. The Centers for Disease Control and Prevention recommends that adults (including older adults) get at least 7 to 9 hours of sleep.

Having a bedtime routine is an important component to obtaining adequate amounts of sleep. Below are some tips to ensure you are getting the most out of your sleep.

PREPARE A COMFORTABLE AND RELAXING ENVIRONMENT

- Keep your room comfortably cool.
- Switch off your TV. Put your phone on silent and use light-blocking (blackout) curtains in your bedroom.
- Sleep on a comfortable mattress and pillow to help support your natural sleeping position.
- Avoid eating heavy meals, and limit fluid intake close to bedtime.
- Limit your exposure to bright light and sunlight during the evening hours leading up to slumber.

CREATE A ROUTINE THAT IS EASY TO FOLLOW AND MAINTAIN

THE TIME IMMEDIATELY BEFORE GOING TO BED IS CRUCIAL TO YOUR QUALITY OF SLEEP.

- Go to bed at the same time each night and wake up at the same time each morning, even on the weekends.
- Maintain an active lifestyle during the day.

READY TO BEGIN?

HERE ARE OUR TOP TIPS FOR SUCCESS:

- 1. Prepare** – Take the time to plan your week. When will you fit in exercise? What will your meals look like? Are you traveling? Do you need to set reminders on your phone to take your supplements at the right time? Although it may seem overwhelming at first, preparing for the days ahead will help you stay on track. Not to worry – you'll get the hang of it!
- 2. Write it Down** – Keeping a journal can help you identify what's working and what isn't. Taking the extra step to write down what you eat and what you do each day helps add to your personal accountability.
- 3. Be Accountable** – Pick a teammate to check in with during your journey. Share the good and the bad. It's easier to stay committed when you're in it together.
- 4. Stay Committed** – Let's face it: life happens. You're bound to hit a few bumps in the road. Don't let a stumble knock you completely off track – dust yourself off and get up again. Rome was not built in a day. It takes consistency to build healthy habits and time to see significant changes. Stick with it!

**"A JOURNEY OF A THOUSAND MILES
BEGINS WITH A SINGLE STEP."**

- LAO TZU

CLEANSE/PHASE

DAY 1

TODAY IS THE DAY!

QUOTE OF THE DAY:

"If you think the cost of success is high, wait until you get the bill for failure."

- CHARLES E. RAGUS

DAILY GOAL:

EXERCISE:











I SLEPT _____ hours

ON A **SCALE OF 1-10**
TODAY I FEEL:

1 2 3 4 5 6 7 8 9 10

TODAY'S DATE: / /

IT'S TIME TO BEGIN YOUR JOURNEY
TOWARD A HEALTHIER LIFESTYLE.

30 minutes before breakfast	<input type="checkbox"/> Spark* <input type="checkbox"/> ProBiotic Restore™ Ultra <input type="checkbox"/> Other: _____	H₂O  8
BREAKFAST	<input type="checkbox"/> AdvoCare® Fiber (Follow with 8 oz. of water) <input type="checkbox"/> Protein: _____ <input type="checkbox"/> Complex Carb: _____ <input type="checkbox"/> Fruit: _____	 8  8
Mid-Morning	<input type="checkbox"/> Snack: _____	 8
LUNCH	<input type="checkbox"/> Protein: _____ <input type="checkbox"/> Vegetables: _____ <input type="checkbox"/> Complex Carb: _____	 8  8
Mid-Afternoon	<input type="checkbox"/> Optional Spark* <input type="checkbox"/> Snack: _____	 8
DINNER	<input type="checkbox"/> OmegaPlex® <input type="checkbox"/> Protein: _____ <input type="checkbox"/> Vegetables: _____ <input type="checkbox"/> Optional Complex Carb: _____	 8  8
After Dinner	<input type="checkbox"/> Optional Snack: _____	 8
Bedtime	<input type="checkbox"/> Herbal Cleanse Caplets	TOTAL: <input type="text"/> / oz.

CLEANSE/PHASE

DAY 2

QUOTE OF THE DAY:

"You don't have to cook fancy or complicated masterpieces – just good food from fresh ingredients."

- JULIA CHILD

DAILY GOAL:











EXERCISE:

I SLEPT _____ hours

ON A SCALE OF 1-10
TODAY I FEEL:

1 2 3 4 5 6 7 8 9 10

TODAY'S DATE: / /

30 minutes before breakfast	<input type="checkbox"/> Spark* <input type="checkbox"/> ProBiotic Restore™ Ultra <input type="checkbox"/> Other: _____	H₂O  8
BREAKFAST	<input type="checkbox"/> AdvoCare® Fiber (Follow with 8 oz. of water) <input type="checkbox"/> Protein: _____ <input type="checkbox"/> Complex Carb: _____ <input type="checkbox"/> Fruit: _____	 8  8
Mid-Morning	<input type="checkbox"/> Snack: _____	 8
LUNCH	<input type="checkbox"/> Protein: _____ <input type="checkbox"/> Vegetables: _____ <input type="checkbox"/> Complex Carb: _____	 8  8
Mid-Afternoon	<input type="checkbox"/> Optional Spark* <input type="checkbox"/> Snack: _____	 8
DINNER	<input type="checkbox"/> OmegaPlex® <input type="checkbox"/> Protein: _____ <input type="checkbox"/> Vegetables: _____ <input type="checkbox"/> Optional Complex Carb: _____	 8  8
After Dinner	<input type="checkbox"/> Optional Snack: _____	 8
Bedtime	<input type="checkbox"/> Herbal Cleanse Caplets	TOTAL: <input type="text"/> / oz.

CLEANSE/PHASE

DAY 3

QUOTE OF THE DAY:

"If we're growing, we're always going to be out of our comfort zone."

- JOHN MAXWELL

DAILY GOAL:












EXERCISE:

I SLEPT _____ hours

ON A SCALE OF 1-10
TODAY I FEEL:

1 2 3 4 5 6 7 8 9 10

TODAY'S DATE: / /

<p>30 minutes before breakfast</p>	<p><input type="checkbox"/> Spark*</p> <p><input type="checkbox"/> ProBiotic Restore™ Ultra</p> <p><input type="checkbox"/> Other: _____</p>	<p>H₂O</p> 
<p>BREAKFAST</p>	<p><input type="checkbox"/> AdvoCare® Fiber (Follow with 8 oz. of water)</p> <p><input type="checkbox"/> Protein: _____</p> <p><input type="checkbox"/> Complex Carb: _____</p> <p><input type="checkbox"/> Fruit: _____</p>	 8  8  8
<p>Mid-Morning</p>	<p><input type="checkbox"/> Snack: _____</p>	 8
<p>LUNCH</p>	<p><input type="checkbox"/> Protein: _____</p> <p><input type="checkbox"/> Vegetables: _____</p> <p><input type="checkbox"/> Complex Carb: _____</p>	 8  8
<p>Mid-Afternoon</p>	<p><input type="checkbox"/> Optional Spark*</p> <p><input type="checkbox"/> Snack: _____</p>	 8
<p>DINNER</p>	<p><input type="checkbox"/> OmegaPlex*</p> <p><input type="checkbox"/> Protein: _____</p> <p><input type="checkbox"/> Vegetables: _____</p> <p><input type="checkbox"/> Optional Complex Carb: _____</p>	 8  8
<p>After Dinner</p>	<p><input type="checkbox"/> Optional Snack: _____</p>	 8
<p>Bedtime</p>	<p><input type="checkbox"/> Herbal Cleanse Caplets</p>	<p>TOTAL:</p> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <p>oz.</p>

CLEANSE/PHASE

DAY 4

QUOTE OF THE DAY:

"The only person you are destined to become is the person you decide to be."

- RALPH WALDO EMERSON

DAILY GOAL:











EXERCISE:

I SLEPT _____ hours

ON A **SCALE OF 1-10**
TODAY I FEEL:

1 2 3 4 5 6 7 8 9 10

TODAY'S DATE: / /

30 minutes before breakfast	<input type="checkbox"/> Spark* <input type="checkbox"/> ProBiotic Restore™ Ultra <input type="checkbox"/> Other: _____	H₂O  8
BREAKFAST	<input type="checkbox"/> AdvoCare® Fiber (Follow with 8 oz. of water) <input type="checkbox"/> Protein: _____ <input type="checkbox"/> Complex Carb: _____ <input type="checkbox"/> Fruit: _____	 8  8
Mid-Morning	<input type="checkbox"/> Snack: _____	 8
LUNCH	<input type="checkbox"/> Protein: _____ <input type="checkbox"/> Vegetables: _____ <input type="checkbox"/> Complex Carb: _____	 8  8
Mid-Afternoon	<input type="checkbox"/> Optional Spark* <input type="checkbox"/> Snack: _____	 8
DINNER	<input type="checkbox"/> OmegaPlex® <input type="checkbox"/> Protein: _____ <input type="checkbox"/> Vegetables: _____ <input type="checkbox"/> Optional Complex Carb: _____	 8  8
After Dinner	<input type="checkbox"/> Optional Snack: _____	 8
Bedtime	<input type="checkbox"/> Herbal Cleanse Caplets	TOTAL: <input type="text"/> oz.

CLEANSE/PHASE

DAY 5

QUOTE OF THE DAY:

"Go confidently in the direction of your dreams. Live the life you've imagined. As you simplify your life, the laws of the universe will be simpler."

- HENRY DAVID THOREAU

DAILY GOAL:















EXERCISE:

I SLEPT _____ hours

ON A **SCALE OF 1-10**
TODAY I FEEL:

1 2 3 4 5 6 7 8 9 10

TODAY'S DATE: / /

<p>30 minutes before breakfast</p>	<p><input type="checkbox"/> Spark* <input type="checkbox"/> ProBiotic Restore™ Ultra <input type="checkbox"/> Other: _____</p>	<p>H₂O  8</p>
<p>BREAKFAST</p>	<p><input type="checkbox"/> AdvoCare® Fiber (Follow with 8 oz. of water) <input type="checkbox"/> Protein: _____ <input type="checkbox"/> Complex Carb: _____ <input type="checkbox"/> Fruit: _____</p>	<p> 8  8  8</p>
<p>Mid-Morning</p>	<p><input type="checkbox"/> Snack: _____</p>	<p> 8</p>
<p>LUNCH</p>	<p><input type="checkbox"/> Protein: _____ <input type="checkbox"/> Vegetables: _____ <input type="checkbox"/> Complex Carb: _____</p>	<p> 8  8  8</p>
<p>Mid-Afternoon</p>	<p><input type="checkbox"/> Optional Spark* <input type="checkbox"/> Snack: _____</p>	<p> 8</p>
<p>DINNER</p>	<p><input type="checkbox"/> OmegaPlex® <input type="checkbox"/> Protein: _____ <input type="checkbox"/> Vegetables: _____ <input type="checkbox"/> Optional Complex Carb: _____</p>	<p> 8  8  8</p>
<p>After Dinner</p>	<p><input type="checkbox"/> Optional Snack: _____</p>	<p> 8</p>
<p>Bedtime</p>	<p><input type="checkbox"/> Herbal Cleanse Caplets</p>	<p>TOTAL:  _____ oz.</p>

CLEANSE/PHASE

DAY 6

QUOTE OF THE DAY:

"I am not a product of my circumstances. I am a product of my decisions."

- STEPHEN COVEY

DAILY GOAL:

EXERCISE:

I SLEPT _____ hours

ON A **SCALE OF 1-10**
TODAY I FEEL:

1 2 3 4 5 6 7 8 9 10

TODAY'S DATE: / /

<p>30 minutes before breakfast</p>	<p><input type="checkbox"/> Spark* <input type="checkbox"/> ProBiotic Restore™ Ultra <input type="checkbox"/> Other: _____</p>	<p>H₂O</p>
<p>BREAKFAST</p>	<p><input type="checkbox"/> AdvoCare® Fiber (Follow with 8 oz. of water) <input type="checkbox"/> Protein: _____ <input type="checkbox"/> Complex Carb: _____ <input type="checkbox"/> Fruit: _____</p>	<p>8 8 8</p>
<p>Mid-Morning</p>	<p><input type="checkbox"/> Snack: _____</p>	<p>8</p>
<p>LUNCH</p>	<p><input type="checkbox"/> Protein: _____ <input type="checkbox"/> Vegetables: _____ <input type="checkbox"/> Complex Carb: _____</p>	<p>8 8</p>
<p>Mid-Afternoon</p>	<p><input type="checkbox"/> Optional Spark* <input type="checkbox"/> Snack: _____</p>	<p>8</p>
<p>DINNER</p>	<p><input type="checkbox"/> OmegaPlex* <input type="checkbox"/> Protein: _____ <input type="checkbox"/> Vegetables: _____ <input type="checkbox"/> Optional Complex Carb: _____</p>	<p>8 8</p>
<p>After Dinner</p>	<p><input type="checkbox"/> Optional Snack: _____</p>	<p>8</p>
<p>Bedtime</p>	<p><input type="checkbox"/> Herbal Cleanse Caplets</p>	<p>TOTAL: <input type="text"/> oz.</p>

CLEANSE/PHASE

DAY 7

QUOTE OF THE DAY:

"Every moment is a fresh beginning."

- T.S. ELIOT

DAILY GOAL:











EXERCISE:

I SLEPT _____ hours

ON A SCALE OF 1-10
TODAY I FEEL:

1 2 3 4 5 6 7 8 9 10

TODAY'S DATE: / /

30 minutes before breakfast	<input type="checkbox"/> Spark* <input type="checkbox"/> ProBiotic Restore™ Ultra <input type="checkbox"/> Other: _____	H₂O  8
BREAKFAST	<input type="checkbox"/> AdvoCare® Fiber (Follow with 8 oz. of water) <input type="checkbox"/> Protein: _____ <input type="checkbox"/> Complex Carb: _____ <input type="checkbox"/> Fruit: _____	 8  8
Mid-Morning	<input type="checkbox"/> Snack: _____	 8
LUNCH	<input type="checkbox"/> Protein: _____ <input type="checkbox"/> Vegetables: _____ <input type="checkbox"/> Complex Carb: _____	 8  8
Mid-Afternoon	<input type="checkbox"/> Optional Spark* <input type="checkbox"/> Snack: _____	 8
DINNER	<input type="checkbox"/> OmegaPlex® <input type="checkbox"/> Protein: _____ <input type="checkbox"/> Vegetables: _____ <input type="checkbox"/> Optional Complex Carb: _____	 8  8
After Dinner	<input type="checkbox"/> Optional Snack: _____	 8
Bedtime	<input type="checkbox"/> Herbal Cleanse Caplets	TOTAL: <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> oz.

CLEANSE/PHASE

DAY 8

QUOTE OF THE DAY:

"If you believe it will work out, you'll see opportunities. If you believe it won't, you will see obstacles."

- WAYNE DYER

DAILY GOAL:











EXERCISE:

I SLEPT _____ hours

ON A SCALE OF 1-10
TODAY I FEEL:

1 2 3 4 5 6 7 8 9 10

TODAY'S DATE: / /

<p>30 minutes before breakfast</p>	<p><input type="checkbox"/> Spark*</p> <p><input type="checkbox"/> ProBiotic Restore™ Ultra</p> <p><input type="checkbox"/> Other: _____</p>	<p>H₂O</p> 
<p>BREAKFAST</p>	<p><input type="checkbox"/> AdvoCare® Fiber (Follow with 8 oz. of water)</p> <p><input type="checkbox"/> Protein: _____</p> <p><input type="checkbox"/> Complex Carb: _____</p> <p><input type="checkbox"/> Fruit: _____</p>	 
<p>Mid-Morning</p>	<p><input type="checkbox"/> Snack: _____</p>	
<p>LUNCH</p>	<p><input type="checkbox"/> Protein: _____</p> <p><input type="checkbox"/> Vegetables: _____</p> <p><input type="checkbox"/> Complex Carb: _____</p>	 
<p>Mid-Afternoon</p>	<p><input type="checkbox"/> Optional Spark*</p> <p><input type="checkbox"/> Snack: _____</p>	
<p>DINNER</p>	<p><input type="checkbox"/> OmegaPlex®</p> <p><input type="checkbox"/> Protein: _____</p> <p><input type="checkbox"/> Vegetables: _____</p> <p><input type="checkbox"/> Optional Complex Carb: _____</p>	 
<p>After Dinner</p>	<p><input type="checkbox"/> Optional Snack: _____</p>	
<p>Bedtime</p>	<p><input type="checkbox"/> Herbal Cleanse Caplets</p>	<p>TOTAL:</p> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <p>oz.</p>

CLEANSE/PHASE

DAY 9

QUOTE OF THE DAY:

"Start where you are. Use what you have. Do what you can."

- ARTHUR ASHE

DAILY GOAL:











EXERCISE:

I SLEPT _____ hours

ON A SCALE OF 1-10
TODAY I FEEL:

1 2 3 4 5 6 7 8 9 10

TODAY'S DATE: / /

30 minutes before breakfast	<input type="checkbox"/> Spark* <input type="checkbox"/> ProBiotic Restore™ Ultra <input type="checkbox"/> Other: _____	H₂O  8
BREAKFAST	<input type="checkbox"/> AdvoCare® Fiber (Follow with 8 oz. of water) <input type="checkbox"/> Protein: _____ <input type="checkbox"/> Complex Carb: _____ <input type="checkbox"/> Fruit: _____	 8  8
Mid-Morning	<input type="checkbox"/> Snack: _____	 8
LUNCH	<input type="checkbox"/> Protein: _____ <input type="checkbox"/> Vegetables: _____ <input type="checkbox"/> Complex Carb: _____	 8  8
Mid-Afternoon	<input type="checkbox"/> Optional Spark* <input type="checkbox"/> Snack: _____	 8
DINNER	<input type="checkbox"/> OmegaPlex® <input type="checkbox"/> Protein: _____ <input type="checkbox"/> Vegetables: _____ <input type="checkbox"/> Optional Complex Carb: _____	 8  8
After Dinner	<input type="checkbox"/> Optional Snack: _____	 8
Bedtime	<input type="checkbox"/> Herbal Cleanse Caplets	TOTAL: <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> oz.

CLEANSE/PHASE

DAY 10

QUOTE OF THE DAY:

"Believe you can and you're halfway there."

- THEODORE ROOSEVELT

DAILY GOAL:

EXERCISE:

I SLEPT _____ hours

ON A **SCALE OF 1-10**
TODAY I FEEL:

1 2 3 4 5 6 7 8 9 10

TODAY'S DATE: / /

<p>30 minutes before breakfast</p>	<p><input type="checkbox"/> Spark* <input type="checkbox"/> ProBiotic Restore™ Ultra <input type="checkbox"/> Other: _____</p>	<p>H₂O 8</p>
<p>BREAKFAST</p>	<p><input type="checkbox"/> AdvoCare® Fiber (Follow with 8 oz. of water) <input type="checkbox"/> Protein: _____ <input type="checkbox"/> Complex Carb: _____ <input type="checkbox"/> Fruit: _____</p>	<p>8 8 8</p>
<p>Mid-Morning</p>	<p><input type="checkbox"/> Snack: _____</p>	<p>8</p>
<p>LUNCH</p>	<p><input type="checkbox"/> Protein: _____ <input type="checkbox"/> Vegetables: _____ <input type="checkbox"/> Complex Carb: _____</p>	<p>8 8</p>
<p>Mid-Afternoon</p>	<p><input type="checkbox"/> Optional Spark* <input type="checkbox"/> Snack: _____</p>	<p>8</p>
<p>DINNER</p>	<p><input type="checkbox"/> OmegaPlex* <input type="checkbox"/> Protein: _____ <input type="checkbox"/> Vegetables: _____ <input type="checkbox"/> Optional Complex Carb: _____</p>	<p>8 8</p>
<p>After Dinner</p>	<p><input type="checkbox"/> Optional Snack: _____</p>	<p>8</p>
<p>Bedtime</p>	<p><input type="checkbox"/> Herbal Cleanse Caplets</p>	<p>TOTAL: <input type="text"/> oz.</p>

DAY 11

QUOTE OF THE DAY:

"Don't count the days. Make the days count."

- MUHAMMAD ALI

DAILY GOAL:

EXERCISE:

I SLEPT _____ hours

ON A **SCALE OF 1-10**
TODAY I FEEL:

1 2 3 4 5 6 7 8 9 10

TODAY'S DATE: / /

<p>30 minutes before breakfast</p>	<p><input type="checkbox"/> MNS® Color Pack</p> <p><input type="checkbox"/> Spark®</p>	<p>H₂O</p>
<p>BREAKFAST</p>	<p><input type="checkbox"/> Meal Replacement Shake</p>	<p>8</p>
<p>Mid-Morning</p>	<p><input type="checkbox"/> MNS® Color Pack</p> <p><input type="checkbox"/> Snack: _____</p>	<p>8</p>
<p>LUNCH</p>	<p><input type="checkbox"/> MNS® White Packs (both)</p> <p><input type="checkbox"/> Protein: _____</p> <p><input type="checkbox"/> Vegetables: _____</p> <p><input type="checkbox"/> Complex Carb: _____</p>	<p>8</p>
<p>Mid-Afternoon</p>	<p><input type="checkbox"/> Optional Spark®</p> <p><input type="checkbox"/> Snack: _____</p>	<p>8</p>
<p>DINNER</p>	<p><input type="checkbox"/> OmegaPlex®</p> <p><input type="checkbox"/> Protein: _____</p> <p><input type="checkbox"/> Vegetables: _____</p> <p><input type="checkbox"/> Optional Complex Carb: _____</p>	<p>8</p>
<p>After Dinner</p>	<p><input type="checkbox"/> Optional Snack: _____</p>	<p>TOTAL:</p> <p><input type="text"/></p> <p>oz.</p>

DAY 12

QUOTE OF THE DAY:

"Our greatest weakness lies in giving up. The most certain way to succeed is always to try just one more time."

- THOMAS A. EDISON

DAILY GOAL:











EXERCISE:

I SLEPT _____ hours

ON A SCALE OF 1-10
TODAY I FEEL:

1 2 3 4 5 6 7 8 9 10

TODAY'S DATE: / /

30 minutes before breakfast	<input type="checkbox"/> MNS® Color Pack <input type="checkbox"/> Spark®	H₂O  8
BREAKFAST	<input type="checkbox"/> Meal Replacement Shake	 8
Mid-Morning	<input type="checkbox"/> MNS® Color Pack <input type="checkbox"/> Snack: _____	 8  8
LUNCH	<input type="checkbox"/> MNS® White Packs (both) <input type="checkbox"/> Protein: _____ <input type="checkbox"/> Vegetables: _____ <input type="checkbox"/> Complex Carb: _____	 8  8
Mid-Afternoon	<input type="checkbox"/> Optional Spark® <input type="checkbox"/> Snack: _____	 8  8
DINNER	<input type="checkbox"/> OmegaPlex® <input type="checkbox"/> Protein: _____ <input type="checkbox"/> Vegetables: _____ <input type="checkbox"/> Optional Complex Carb: _____	 8  8
After Dinner	<input type="checkbox"/> Optional Snack: _____	TOTAL: <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> OZ.

DAY 13

QUOTE OF THE DAY:

"When I let go of what I am, I become what I might be."

- LAO TZU

DAILY GOAL:











EXERCISE:

I SLEPT _____ hours

ON A **SCALE OF 1-10**
TODAY I FEEL:

1 2 3 4 5 6 7 8 9 10

TODAY'S DATE: / /

30 minutes before breakfast	<input type="checkbox"/> MNS® Color Pack <input type="checkbox"/> Spark®	H₂O  8
BREAKFAST	<input type="checkbox"/> Meal Replacement Shake	 8
Mid-Morning	<input type="checkbox"/> MNS® Color Pack <input type="checkbox"/> Snack: _____	 8  8
LUNCH	<input type="checkbox"/> MNS® White Packs (both) <input type="checkbox"/> Protein: _____ <input type="checkbox"/> Vegetables: _____ <input type="checkbox"/> Complex Carb: _____	 8  8
Mid-Afternoon	<input type="checkbox"/> Optional Spark® <input type="checkbox"/> Snack: _____	 8  8
DINNER	<input type="checkbox"/> OmegaPlex® <input type="checkbox"/> Protein: _____ <input type="checkbox"/> Vegetables: _____ <input type="checkbox"/> Optional Complex Carb: _____	 8  8
After Dinner	<input type="checkbox"/> Optional Snack: _____	TOTAL: <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> oz.

DAY 14

QUOTE OF THE DAY:

"Limitations live only in our minds. But if we use our imaginations, our possibilities become limitless."

- JAMIE PAOLINETTI

DAILY GOAL:











EXERCISE:

I SLEPT _____ hours

ON A **SCALE OF 1-10**
TODAY I FEEL:

1 2 3 4 5 6 7 8 9 10

TODAY'S DATE: / /

30 minutes before breakfast	<input type="checkbox"/> MNS® Color Pack <input type="checkbox"/> Spark®	H₂O  8
BREAKFAST	<input type="checkbox"/> Meal Replacement Shake	 8
Mid-Morning	<input type="checkbox"/> MNS® Color Pack <input type="checkbox"/> Snack: _____	 8  8
LUNCH	<input type="checkbox"/> MNS® White Packs (both) <input type="checkbox"/> Protein: _____ <input type="checkbox"/> Vegetables: _____ <input type="checkbox"/> Complex Carb: _____	 8  8
Mid-Afternoon	<input type="checkbox"/> Optional Spark® <input type="checkbox"/> Snack: _____	 8  8
DINNER	<input type="checkbox"/> OmegaPlex® <input type="checkbox"/> Protein: _____ <input type="checkbox"/> Vegetables: _____ <input type="checkbox"/> Optional Complex Carb: _____	 8  8
After Dinner	<input type="checkbox"/> Optional Snack: _____	TOTAL: <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> oz.

DAY 15

QUOTE OF THE DAY:

"It's only after you've stepped outside of your comfort zone that you begin to change, grow, transform."

- ROY T. BENNETT

DAILY GOAL:













EXERCISE:

I SLEPT _____ hours

ON A SCALE OF 1-10
TODAY I FEEL:

1 2 3 4 5 6 7 8 9 10

TODAY'S DATE: / /

30 minutes before breakfast	<input type="checkbox"/> MNS® Color Pack <input type="checkbox"/> Spark®	H₂O  8
BREAKFAST	<input type="checkbox"/> Meal Replacement Shake	 8
Mid-Morning	<input type="checkbox"/> MNS® Color Pack <input type="checkbox"/> Snack: _____	 8  8
LUNCH	<input type="checkbox"/> MNS® White Packs (both) <input type="checkbox"/> Protein: _____ <input type="checkbox"/> Vegetables: _____ <input type="checkbox"/> Complex Carb: _____	 8  8  8
Mid-Afternoon	<input type="checkbox"/> Optional Spark® <input type="checkbox"/> Snack: _____	 8  8
DINNER	<input type="checkbox"/> OmegaPlex® <input type="checkbox"/> Protein: _____ <input type="checkbox"/> Vegetables: _____ <input type="checkbox"/> Optional Complex Carb: _____	 8  8
After Dinner	<input type="checkbox"/> Optional Snack: _____	TOTAL:  8 <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> OZ.

DAY 16

QUOTE OF THE DAY:

"Some people want it to happen, some people wish it would happen, others make it happen."

- MICHAEL JORDAN

DAILY GOAL:












EXERCISE:

I SLEPT _____ hours

ON A SCALE OF 1-10
TODAY I FEEL:

1 2 3 4 5 6 7 8 9 10

TODAY'S DATE: / /

30 minutes before breakfast	<input type="checkbox"/> MNS® Color Pack <input type="checkbox"/> Spark®	H₂O  8
BREAKFAST	<input type="checkbox"/> Meal Replacement Shake	 8
Mid-Morning	<input type="checkbox"/> MNS® Color Pack <input type="checkbox"/> Snack: _____	 8  8
LUNCH	<input type="checkbox"/> MNS® White Packs (both) <input type="checkbox"/> Protein: _____ <input type="checkbox"/> Vegetables: _____ <input type="checkbox"/> Complex Carb: _____	 8  8  8
Mid-Afternoon	<input type="checkbox"/> Optional Spark® <input type="checkbox"/> Snack: _____	 8  8
DINNER	<input type="checkbox"/> OmegaPlex® <input type="checkbox"/> Protein: _____ <input type="checkbox"/> Vegetables: _____ <input type="checkbox"/> Optional Complex Carb: _____	 8  8
After Dinner	<input type="checkbox"/> Optional Snack: _____	TOTAL: <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> oz.

DAY 17

QUOTE OF THE DAY:

"Nothing is impossible, the word itself says, 'I'm possible.'"

- AUDREY HEPBURN

DAILY GOAL:












EXERCISE:

I SLEPT _____ hours

ON A SCALE OF 1-10
TODAY I FEEL:

1 2 3 4 5 6 7 8 9 10

TODAY'S DATE: / /

30 minutes before breakfast	<input type="checkbox"/> MNS® Color Pack <input type="checkbox"/> Spark®	H₂O  8
BREAKFAST	<input type="checkbox"/> Meal Replacement Shake	 8
Mid-Morning	<input type="checkbox"/> MNS® Color Pack <input type="checkbox"/> Snack: _____	 8  8
LUNCH	<input type="checkbox"/> MNS® White Packs (both) <input type="checkbox"/> Protein: _____ <input type="checkbox"/> Vegetables: _____ <input type="checkbox"/> Complex Carb: _____	 8  8
Mid-Afternoon	<input type="checkbox"/> Optional Spark® <input type="checkbox"/> Snack: _____	 8  8
DINNER	<input type="checkbox"/> OmegaPlex® <input type="checkbox"/> Protein: _____ <input type="checkbox"/> Vegetables: _____ <input type="checkbox"/> Optional Complex Carb: _____	 8  8
After Dinner	<input type="checkbox"/> Optional Snack: _____	TOTAL:  8 <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> OZ.

DAY 18

QUOTE OF THE DAY:

"Being motivated costs you nothing, but can get you everything."

- MURRAY NEWLANDS

DAILY GOAL:












EXERCISE:

I SLEPT _____ hours

ON A SCALE OF 1-10
TODAY I FEEL:

1 2 3 4 5 6 7 8 9 10

TODAY'S DATE: / /

30 minutes before breakfast	<input type="checkbox"/> MNS® Color Pack <input type="checkbox"/> Spark®	H₂O  8
BREAKFAST	<input type="checkbox"/> Meal Replacement Shake	 8
Mid-Morning	<input type="checkbox"/> MNS® Color Pack <input type="checkbox"/> Snack: _____	 8  8
LUNCH	<input type="checkbox"/> MNS® White Packs (both) <input type="checkbox"/> Protein: _____ <input type="checkbox"/> Vegetables: _____ <input type="checkbox"/> Complex Carb: _____	 8  8
Mid-Afternoon	<input type="checkbox"/> Optional Spark® <input type="checkbox"/> Snack: _____	 8  8
DINNER	<input type="checkbox"/> OmegaPlex® <input type="checkbox"/> Protein: _____ <input type="checkbox"/> Vegetables: _____ <input type="checkbox"/> Optional Complex Carb: _____	 8  8
After Dinner	<input type="checkbox"/> Optional Snack: _____	TOTAL:  8 <div style="border: 1px solid black; padding: 2px; display: inline-block;"> _____ oz. </div>

DAY 19

QUOTE OF THE DAY:

"Strive not to be a success, but rather to be of value."

- ALBERT EINSTEIN

DAILY GOAL:











EXERCISE:

I SLEPT _____ hours

ON A SCALE OF 1-10
TODAY I FEEL:

1 2 3 4 5 6 7 8 9 10

TODAY'S DATE: / /

30 minutes before breakfast	<input type="checkbox"/> MNS® Color Pack <input type="checkbox"/> Spark®	H₂O  8
BREAKFAST	<input type="checkbox"/> Meal Replacement Shake	 8
Mid-Morning	<input type="checkbox"/> MNS® Color Pack <input type="checkbox"/> Snack: _____	 8
LUNCH	<input type="checkbox"/> MNS® White Packs (both) <input type="checkbox"/> Protein: _____ <input type="checkbox"/> Vegetables: _____ <input type="checkbox"/> Complex Carb: _____	 8  8
Mid-Afternoon	<input type="checkbox"/> Optional Spark® <input type="checkbox"/> Snack: _____	 8  8
DINNER	<input type="checkbox"/> OmegaPlex® <input type="checkbox"/> Protein: _____ <input type="checkbox"/> Vegetables: _____ <input type="checkbox"/> Optional Complex Carb: _____	 8  8
After Dinner	<input type="checkbox"/> Optional Snack: _____	TOTAL:  8 <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> oz.

DAY 20

QUOTE OF THE DAY:

"Keep your face always toward the sunshine - and shadows will fall behind you."

- WALT WHITMAN

DAILY GOAL:










EXERCISE:

I SLEPT _____ hours

ON A **SCALE OF 1-10**
TODAY I FEEL:

1 2 3 4 5 6 7 8 9 10

TODAY'S DATE: / /

30 minutes before breakfast	<input type="checkbox"/> MNS® Color Pack <input type="checkbox"/> Spark®	H₂O  8
BREAKFAST	<input type="checkbox"/> Meal Replacement Shake	 8
Mid-Morning	<input type="checkbox"/> MNS® Color Pack <input type="checkbox"/> Snack: _____	 8
LUNCH	<input type="checkbox"/> MNS® White Packs (both) <input type="checkbox"/> Protein: _____ <input type="checkbox"/> Vegetables: _____ <input type="checkbox"/> Complex Carb: _____	 8  8
Mid-Afternoon	<input type="checkbox"/> Optional Spark® <input type="checkbox"/> Snack: _____	 8  8
DINNER	<input type="checkbox"/> OmegaPlex® <input type="checkbox"/> Protein: _____ <input type="checkbox"/> Vegetables: _____ <input type="checkbox"/> Optional Complex Carb: _____	 8  8
After Dinner	<input type="checkbox"/> Optional Snack: _____	TOTAL: <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> OZ.

DAY 21

QUOTE OF THE DAY:

"Success is the sum of small efforts, repeated day in and day out."

- ROBERT COLLIER

DAILY GOAL:











EXERCISE:

I SLEPT _____ hours

ON A SCALE OF 1-10
TODAY I FEEL:

1 2 3 4 5 6 7 8 9 10

TODAY'S DATE: / /

30 minutes before breakfast	<input type="checkbox"/> MNS® Color Pack <input type="checkbox"/> Spark®	H₂O  8
BREAKFAST	<input type="checkbox"/> Meal Replacement Shake	 8
Mid-Morning	<input type="checkbox"/> MNS® Color Pack <input type="checkbox"/> Snack: _____	 8
LUNCH	<input type="checkbox"/> MNS® White Packs (both) <input type="checkbox"/> Protein: _____ <input type="checkbox"/> Vegetables: _____ <input type="checkbox"/> Complex Carb: _____	 8  8
Mid-Afternoon	<input type="checkbox"/> Optional Spark® <input type="checkbox"/> Snack: _____	 8  8
DINNER	<input type="checkbox"/> OmegaPlex® <input type="checkbox"/> Protein: _____ <input type="checkbox"/> Vegetables: _____ <input type="checkbox"/> Optional Complex Carb: _____	 8  8
After Dinner	<input type="checkbox"/> Optional Snack: _____	TOTAL:  8 <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> OZ.

DAY 22

QUOTE OF THE DAY:

"Knowing is not enough; we must apply. Willing is not enough; we must do."

- JOHANN WOLFGANG VON GOETHE

DAILY GOAL:










EXERCISE:

I SLEPT _____ hours

ON A SCALE OF 1-10
TODAY I FEEL:

1 2 3 4 5 6 7 8 9 10

TODAY'S DATE: / /

30 minutes before breakfast	<input type="checkbox"/> MNS® Color Pack <input type="checkbox"/> Spark®	H₂O  8
BREAKFAST	<input type="checkbox"/> Meal Replacement Shake	 8
Mid-Morning	<input type="checkbox"/> MNS® Color Pack <input type="checkbox"/> Snack: _____	 8
LUNCH	<input type="checkbox"/> MNS® White Packs (both) <input type="checkbox"/> Protein: _____ <input type="checkbox"/> Vegetables: _____ <input type="checkbox"/> Complex Carb: _____	 8  8
Mid-Afternoon	<input type="checkbox"/> Optional Spark® <input type="checkbox"/> Snack: _____	 8  8
DINNER	<input type="checkbox"/> OmegaPlex® <input type="checkbox"/> Protein: _____ <input type="checkbox"/> Vegetables: _____ <input type="checkbox"/> Optional Complex Carb: _____	 8  8
After Dinner	<input type="checkbox"/> Optional Snack: _____	TOTAL: <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> OZ.

DAY 23

QUOTE OF THE DAY:

"The surest way not to fail is to determine to succeed."

- RICHARD B. SHERIDAN

DAILY GOAL:












EXERCISE:

I SLEPT _____ hours

ON A SCALE OF 1-10
TODAY I FEEL:

1 2 3 4 5 6 7 8 9 10

TODAY'S DATE: / /

30 minutes before breakfast	<input type="checkbox"/> MNS® Color Pack <input type="checkbox"/> Spark®	H₂O  8
BREAKFAST	<input type="checkbox"/> Meal Replacement Shake	 8
Mid-Morning	<input type="checkbox"/> MNS® Color Pack <input type="checkbox"/> Snack: _____	 8  8
LUNCH	<input type="checkbox"/> MNS® White Packs (both) <input type="checkbox"/> Protein: _____ <input type="checkbox"/> Vegetables: _____ <input type="checkbox"/> Complex Carb: _____	 8  8  8
Mid-Afternoon	<input type="checkbox"/> Optional Spark® <input type="checkbox"/> Snack: _____	 8  8
DINNER	<input type="checkbox"/> OmegaPlex® <input type="checkbox"/> Protein: _____ <input type="checkbox"/> Vegetables: _____ <input type="checkbox"/> Optional Complex Carb: _____	 8  8
After Dinner	<input type="checkbox"/> Optional Snack: _____	TOTAL: <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> OZ.

DAY 24

QUOTE OF THE DAY:

"I can't change the direction of the wind, but I can adjust my sails to always reach my destination."

- JIMMY DEAN

DAILY GOAL:












EXERCISE:

I SLEPT _____ hours

ON A **SCALE OF 1-10**
TODAY I FEEL:

1 2 3 4 5 6 7 8 9 10

TODAY'S DATE: / /

30 minutes before breakfast	<input type="checkbox"/> MNS® Color Pack <input type="checkbox"/> Spark®	H₂O  8
BREAKFAST	<input type="checkbox"/> Meal Replacement Shake	 8
Mid-Morning	<input type="checkbox"/> MNS® Color Pack <input type="checkbox"/> Snack: _____	 8  8
LUNCH	<input type="checkbox"/> MNS® White Packs (both) <input type="checkbox"/> Protein: _____ <input type="checkbox"/> Vegetables: _____ <input type="checkbox"/> Complex Carb: _____	 8  8
Mid-Afternoon	<input type="checkbox"/> Optional Spark® <input type="checkbox"/> Snack: _____	 8  8
DINNER	<input type="checkbox"/> OmegaPlex® <input type="checkbox"/> Protein: _____ <input type="checkbox"/> Vegetables: _____ <input type="checkbox"/> Optional Complex Carb: _____	 8  8
After Dinner	<input type="checkbox"/> Optional Snack: _____	TOTAL:  8 <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> OZ.



**"YOU NEVER FAIL UNTIL YOU
STOP TRYING."**

- ALBERT EINSTEIN