

ADVOCARE  
**ONE/80**<sup>TM</sup>

**TRANSFORMATION JOURNAL**

**VOLUME 2**

# CONGRATULATIONS

ON YOUR COMMITMENT TO CONTINUE YOUR  
JOURNEY WITH ADVOCARE!

As you continue making positive changes and instilling healthy habits, be sure to follow along day by day throughout this booklet to document your experience and stay on track toward your transformation.

GOOD ~~LUCK!~~

ADVOCARE  
ONE80™

## HAVE QUESTIONS?

### HERE IS WHERE TO BEGIN:

- 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 changing 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.

# 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

## 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!

# DAILY JOURNAL

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**EXERCISE:**

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<p>30 minutes before breakfast</p>	<p><input type="checkbox"/> <b>MNS* Color Pack</b></p> <p><input type="checkbox"/> <b>Spark*</b></p>	<p><b>H<sub>2</sub>O</b></p>
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<p><b>LUNCH</b></p>	<p><input type="checkbox"/> <b>MNS* White Packs</b> (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 <b>Spark*</b></p> <p><input type="checkbox"/> Snack: _____</p>	<p>8</p>
<p><b>DINNER</b></p>	<p><input type="checkbox"/> <b>OmegaPlex*</b></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><b>TOTAL:</b></p> <p><input type="text"/></p> <p>oz.</p>

# DAILY JOURNAL

**DAILY GOAL:**

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**EXERCISE:**

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**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"/> <b>MNS* Color Pack</b> <input type="checkbox"/> <b>Spark*</b>	<b>H<sub>2</sub>O</b>  8
<b>BREAKFAST</b>	<input type="checkbox"/> <b>Meal Replacement Shake</b>	 8
Mid-Morning	<input type="checkbox"/> <b>MNS* Color Pack</b> <input type="checkbox"/> Snack: _____	 8
<b>LUNCH</b>	<input type="checkbox"/> <b>MNS* White Packs</b> (both) <input type="checkbox"/> Protein: _____ <input type="checkbox"/> Vegetables: _____ <input type="checkbox"/> Complex Carb: _____	 8  8
Mid-Afternoon	<input type="checkbox"/> Optional <b>Spark*</b> <input type="checkbox"/> Snack: _____	 8
<b>DINNER</b>	<input type="checkbox"/> <b>OmegaPlex*</b> <input type="checkbox"/> Protein: _____ <input type="checkbox"/> Vegetables: _____ <input type="checkbox"/> Optional Complex Carb: _____	 8  8
After Dinner	<input type="checkbox"/> Optional Snack: _____	<b>TOTAL:</b>  8 <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> oz.

# DAILY JOURNAL

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After Dinner	<input type="checkbox"/> Optional Snack: _____	<b>TOTAL:</b> <input type="text"/> oz.

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After Dinner	<input type="checkbox"/> Optional Snack: _____	<b>TOTAL:</b>  8 <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> oz.

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After Dinner	<input type="checkbox"/> Optional Snack: _____	<b>TOTAL:</b>  8 <input type="text"/> OZ.

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After Dinner	<input type="checkbox"/> Optional Snack: _____	<b>TOTAL:</b> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> oz.

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<p>After Dinner</p>	<p><input type="checkbox"/> Optional Snack: _____</p>	<p><b>TOTAL:</b></p> <p><input type="text"/></p> <p>oz.</p>

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After Dinner	<input type="checkbox"/> Optional Snack: _____	<b>TOTAL:</b>  8 <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> oz.

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