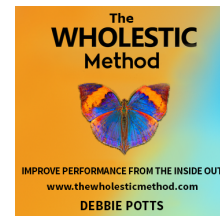


The WHOLESTIC Method Detox & Reset Daily Accountability Report



Date: _____

Rate on your day today (5 being best):

MON TUE WED THU FRI SAT SUN

1 2 3 4 5

(circle)

(circle)

Please answer these questions daily: be honest to yourself

Did you replace a meal a day with our Nutritional Shake and add healthy fat as coconut milk, flax oil or MCT C8 brain oil? _____

How was your energy level today? _____

How were your cravings for sugar, alcohol, or other vices? _____

Did you eat when you were hungry? _____

How long were you full and satisfied for after you shake or meal? _____

Did you need a snack today because you were hungry? _____

Did you make one green drink per day or buy one without sugar or fruit? _____

Did you sleep 7-9 hours last night? Bed by 10PM? _____

Did you work out today and what did you do? (3 x strength workouts/week) _____

Did you earn over 100 MEP's per workout with your MyZone belt? _____

Did you drink half your body weight in ounces of water throughout the day? (remember to add lemon and drink the detox drink) _____

Did you move 10,000 steps today? _____

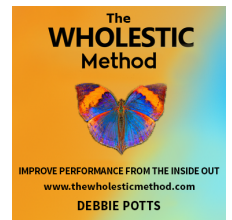
Did you write in at least three things you are grateful today in your journal?

What are your specific personal goals you achieved today based on your areas of opportunity?

What specific struggles, challenges or areas of opportunity did you encounter today? Where you more hungry than usual, did you crave specific foods, were you more tired than normal, etc. How can you approach tomorrow differently so you can stay on target?

List your goals for tomorrow including elements included in "The WHOLESTIC Method": food, exercise, sleep, stress, movement, digestion health, hydration, and happiness?

The WHOLESTIC Method Detox & Reset Daily Accountability Report



Date: _____

MON TUE WED THU FRI SAT SUN

(circle)

Wake up time: _____

Hours of sleep: _____

How many times was sleep interrupted: _____

Cause: _____

How did I feel when I woke up: ☹️ 😐 😊

(circle)

Breakfast

Qty	Hunger Level 1-10	Food & Beverages	Mood Before	Mood After	Time of day

Lunch

Qty	Hunger Level 1-10	Food & Beverages	Mood Before	Mood After	Time of day

Snacks

Qty	Hunger Level 1-10	Food & Beverages	Mood Before	Mood After	Time of day

Dinner

Qty	Hunger Level 1-10	Food & Beverages	Mood Before	Mood After	Time of day

Mark Off each 8 Oz Glass of Water
(drink 50% body weight in ounces per day)



Detox Drink:
Add Apple Cider Vinegar, Lemon, Cayenne Pepper, and Cinnamon if desired



The WHOLESTIC Method Day in Review:

- | | |
|--------------------|---------------------------------|
| 1. Nutrition _____ | 5. Movement _____ |
| 2. Exercise _____ | 6. Digestion & Gut Health _____ |
| 3. Sleep _____ | 7. Hydration _____ |
| 4. Stress _____ | 8. Happiness _____ |

Overall personal rating on how you felt today

Excellent Great Ok Not Good Very Bad

(circle)

Weight: _____

Weekly Measurements:

Waist: _____

Hip: _____

Daily Workout:
