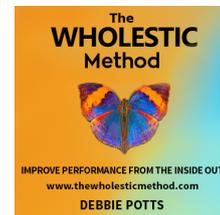


# The WHOLESTIC Method Detox & Reset Daily Accountability Report



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?

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

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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?

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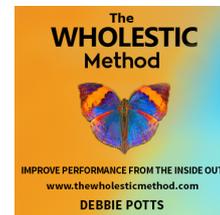
List your goals for tomorrow including elements included in "The WHOLESTIC Method": food, exercise, sleep, stress, movement, digestion health, hydration, and happiness?

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# 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:

\_\_\_\_\_

\_\_\_\_\_