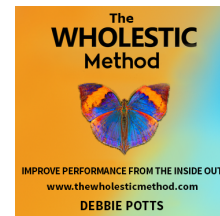


The WHOLESTIC Method Detox & Reset Daily Accountability Report



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? _____

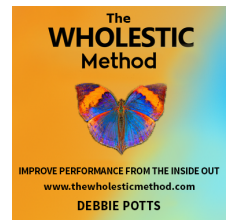
Did you write in at least three things you are grateful today in your journal? Or here. _____

Goals achieved today?

Any struggles, challenges, or areas of opportunity that you can approach differently to improve tomorrow?

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 wt in ounces



Add Apple Cider Vinegar, Lemon, Cayenne Pepper, Cinnamon
if desired



Day in Review

How Did I Do Today?

Excellent Great Ok Not Good Very Bad

(circle)

Weight: _____

Weekly Measurements:

Waist: _____

Hip: _____

Daily Workout:
