



DAY _____ DATE _____ DAY # _____ TIME OUT OF BED _____ HOURS SLEPT _____

DIETARY GOALS		MY FITNESS SCHEDULE	WORKOUT	GOALS
FITNESS GOALS		<input type="checkbox"/> CARDIO _____ am pm		
GENERAL GOALS		<input type="checkbox"/> WEIGHTS _____ am pm		
		<input type="checkbox"/> ABS _____ am pm		

TIME/TYPE	FOODS AND BEVERAGES CONSUMED	RATIOS	SUPPLEMENTS TAKEN	TIME	WATER (ozs)
am pm <input type="checkbox"/> COOKED <input type="checkbox"/> DINE OUT <input type="checkbox"/> MRP		PREFERRED (40/40/20) ACTUAL 			
am pm <input type="checkbox"/> COOKED <input type="checkbox"/> DINE OUT <input type="checkbox"/> MRP		PREFERRED (40/40/20) ACTUAL 			
am pm <input type="checkbox"/> COOKED <input type="checkbox"/> DINE OUT <input type="checkbox"/> MRP		PREFERRED (40/40/20) ACTUAL 			
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am pm <input type="checkbox"/> COOKED <input type="checkbox"/> DINE OUT <input type="checkbox"/> MRP		PREFERRED (40/40/20) ACTUAL 			
					TODAY'S TOTAL WATER (ozs)

ABSOLUTE NUTRITION POSITIVE FOCUS

Take Aim

At the close of each day take some time to reflect on the things you did right today, your progress. This will continue to fuel success and promote further progress.

Nutritional Ab Building Habits

- I consumed 6 healthy, balanced meals
- I drank at least 10 tall glasses of water
- I took the right supplements, on schedule
- I avoided snacking between meals
- I'm energized by my commitment

Score Your Day

TOTAL: _____

NOTES
