



ShapeWorks™

Daily Success Tracker

For Shapeworks Pilot Program Only

Steps for using your ShapeWorks Daily Success Tracker.

- 1 Work with your Herbalife Distributor every 30 days to:
 - a. Determine your lean body mass/body-fat ratio
 - b. Determine and record your target weight loss goal.
 - c. Determine and record your daily protein needs and calorie needs.
 - d. Determine the number of shakes per day, number of protein tbsp and milk choice per shake.
 - e. Determine a daily meal plan. Discuss food choices. Record some favorites.
- 2 Decide on an exercise program you plan to follow this month. Whether it is walking, running, biking or swimming, etc. You make the exercise choices for your success.
- 3 Each day check off the number of shakes, protein portions, and food portions you consume.
- 4 Each week, on your Weekly Reflection Page, record your progress. List any obstacles you had during the week and any strategies you have for the next week. Check off the appropriate boxes to record your success.
- 5 At the end of the month, on your Monthly Reflection Page, record your progress toward your final goal and set your next month's meal plan.

My 30-Day ShapeWorks Plan

Date	Current weight	Target weight	Protein grams per day	Target Calories per day
ShapeWorks Shakes	No. per day:		No. of Protein Scoops:	Milk Choice:
My Colorful Meal Plan Favorites	Food Protein	Fruits	Vegetables	Grains

My exercise plan is: _____

My thoughts for the day: _____



Perseverance, secret of all triumphs.

—Victor Hugo
(1802–1885)

Use the food charts in the back of this book to help with healthy choices.

	Shakes (2 tbsp per shake)	PPP (1 check per scoop)	Protein-Rich Snack (1 check each)	Food Protein (1 check per portion)	Fruits ¹ (1 check per portion)	Vegetables (1 check per portion)	Grains (1 check per portion)	Water (4–8 glasses per day)
<i>Breakfast</i>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<i>Snack 1</i>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
<i>Lunch</i>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<i>Snack 2</i>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
<i>Dinner</i>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

¹Fruit may be eaten frozen, fresh or blended into shakes.

My thoughts for the day: _____



The first wealth is health.

—Ralph Waldo Emerson
(1803–1882)

Use the food charts in the back of this book to help with healthy choices.

	Shakes (2 tbsp per shake)	PPP (1 check per scoop)	Protein-Rich Snack (1 check each)	Food Protein (1 check per portion)	Fruits ¹ (1 check per portion)	Vegetables (1 check per portion)	Grains (1 check per portion)	Water (4–8 glasses per day)
<i>Breakfast</i>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<i>Snack 1</i>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
<i>Lunch</i>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<i>Snack 2</i>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
<i>Dinner</i>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

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My thoughts for the day: _____



Things do not change; we change.

—Henry David Thoreau
(1817–1862)

Use the food charts in the back of this book to help with healthy choices.

	Shakes (2 tbsp per shake)	PPP (1 check per scoop)	Protein-Rich Snack (1 check each)	Food Protein (1 check per portion)	Fruits ¹ (1 check per portion)	Vegetables (1 check per portion)	Grains (1 check per portion)	Water (4–8 glasses per day)
<i>Breakfast</i>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<i>Snack 1</i>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
<i>Lunch</i>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<i>Snack 2</i>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
<i>Dinner</i>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

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My thoughts for the day: _____



Success is the ability to go from one failure to another with no loss of enthusiasm.

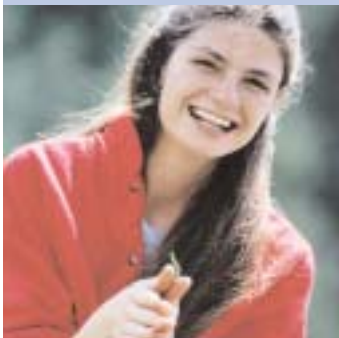
—Sir Winston Churchill
(1874–1965)

Use the food charts in the back of this book to help with healthy choices.

	Shakes (2 tbsp per shake)	PPP (1 check per scoop)	Protein-Rich Snack (1 check each)	Food Protein (1 check per portion)	Fruits ¹ (1 check per portion)	Vegetables (1 check per portion)	Grains (1 check per portion)	Water (4–8 glasses per day)
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<i>Snack 1</i>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
<i>Lunch</i>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<i>Snack 2</i>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
<i>Dinner</i>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

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My thoughts for the day: _____



Food is an important part of a balanced diet.

—Fran Lebowitz
(1950–)

Use the food charts in the back of this book to help with healthy choices.

	Shakes (2 tbsp per shake)	PPP (1 check per scoop)	Protein-Rich Snack (1 check each)	Food Protein (1 check per portion)	Fruits ¹ (1 check per portion)	Vegetables (1 check per portion)	Grains (1 check per portion)	Water (4–8 glasses per day)
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<i>Snack 1</i>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
<i>Lunch</i>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<i>Snack 2</i>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
<i>Dinner</i>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

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My thoughts for the day: _____



*My doctor told me to stop having intimate dinners for four.
Unless there are three other people.*

—Orson Welles
(1915–1985)

Use the food charts in the back of this book to help with healthy choices.

	Shakes (2 tbsp per shake)	PPP (1 check per scoop)	Protein-Rich Snack (1 check each)	Food Protein (1 check per portion)	Fruits ¹ (1 check per portion)	Vegetables (1 check per portion)	Grains (1 check per portion)	Water (4–8 glasses per day)
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<i>Snack 1</i>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
<i>Lunch</i>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<i>Snack 2</i>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
<i>Dinner</i>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

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My Daily Record

Day 7 Date: _____

My thoughts for the day: _____



Do or do not. There is no try.

—Yoda

(A long time ago in a galaxy far, far away . . .)

Use the food charts in the back of this book to help with healthy choices.

	Shakes (2 tbsp per shake)	PPP (1 check per scoop)	Protein-Rich Snack (1 check each)	Food Protein (1 check per portion)	Fruits ¹ (1 check per portion)	Vegetables (1 check per portion)	Grains (1 check per portion)	Water (4–8 glasses per day)
<i>Breakfast</i>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<i>Snack 1</i>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
<i>Lunch</i>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<i>Snack 2</i>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
<i>Dinner</i>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

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Week 1 Reflections



Did I follow my ShapeWorks meal plan?

yes My reward: _____

no Start again. Each day is a new opportunity.

What strategy will I use to meet my next weekly goal? _____

Weekly Record

Number of days of exercise? _____

Did I follow my calorie target? *yes* *no*

Did I follow my protein target? *yes* *no*

Did I feel hungry? *yes* *no*

Mark the scale to show how you feel about your weight-loss progress this week.

1

2

3

4

5

DID NOT MAKE PROGRESS

MET ALL MY GOALS

My thoughts for the day: _____



Great difficulties may be surmounted by patience and perseverance.

—Abigail Adams

(1744–1818)

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<i>Breakfast</i>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<i>Snack 1</i>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
<i>Lunch</i>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<i>Snack 2</i>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
<i>Dinner</i>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

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My thoughts for the day: _____



Obstacles are those frightful things you see when you take your eyes off your goal.

—Henry Ford
(1863–1947)

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	Shakes (2 tbsp per shake)	PPP (1 check per scoop)	Protein-Rich Snack (1 check each)	Food Protein (1 check per portion)	Fruits ¹ (1 check per portion)	Vegetables (1 check per portion)	Grains (1 check per portion)	Water (4–8 glasses per day)
<i>Breakfast</i>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<i>Snack 1</i>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
<i>Lunch</i>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<i>Snack 2</i>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
<i>Dinner</i>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

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My Daily Record

Day 10 Date: _____

My thoughts for the day: _____



Imagination is the beginning of creation. You imagine what you desire, you will what you imagine and at last you create what you will.

—George Bernard Shaw
(1856–1950)

Use the food charts in the back of this book to help with healthy choices.

	Shakes (2 tbsp per shake)	PPP (1 check per scoop)	Protein-Rich Snack (1 check each)	Food Protein (1 check per portion)	Fruits ¹ (1 check per portion)	Vegetables (1 check per portion)	Grains (1 check per portion)	Water (4–8 glasses per day)
<i>Breakfast</i>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<i>Snack 1</i>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
<i>Lunch</i>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<i>Snack 2</i>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
<i>Dinner</i>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

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My Daily Record

Day 11 Date: _____

My thoughts for the day: _____



Thou shouldst eat to live; not live to eat.

—Socrates
(469?–399 B.C.)

Use the food charts in the back of this book to help with healthy choices.

	Shakes (2 tbsp per shake)	PPP (1 check per scoop)	Protein-Rich Snack (1 check each)	Food Protein (1 check per portion)	Fruits ¹ (1 check per portion)	Vegetables (1 check per portion)	Grains (1 check per portion)	Water (4–8 glasses per day)
<i>Breakfast</i>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<i>Snack 1</i>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
<i>Lunch</i>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<i>Snack 2</i>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
<i>Dinner</i>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

¹Fruit may be eaten frozen, fresh or blended into shakes.

My Daily Record

Day 12 Date: _____

My thoughts for the day: _____



*The most thoroughly wasted of all days
is that on which one has not laughed.*

—Nicholas Chamfort
(1741–1794)

Use the food charts in the back of this book to help with healthy choices.

	Shakes (2 tbsp per shake)	PPP (1 check per scoop)	Protein-Rich Snack (1 check each)	Food Protein (1 check per portion)	Fruits ¹ (1 check per portion)	Vegetables (1 check per portion)	Grains (1 check per portion)	Water (4–8 glasses per day)
<i>Breakfast</i>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<i>Snack 1</i>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
<i>Lunch</i>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<i>Snack 2</i>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
<i>Dinner</i>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

¹Fruit may be eaten frozen, fresh or blended into shakes.

My Daily Record

Day 13 Date: _____

My thoughts for the day: _____



*Even if you're on the right track,
you'll get run over if you just sit there.*

—Will Rogers
(1879–1935)

Use the food charts in the back of this book to help with healthy choices.

	Shakes (2 tbsp per shake)	PPP (1 check per scoop)	Protein-Rich Snack (1 check each)	Food Protein (1 check per portion)	Fruits ¹ (1 check per portion)	Vegetables (1 check per portion)	Grains (1 check per portion)	Water (4–8 glasses per day)
<i>Breakfast</i>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<i>Snack 1</i>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
<i>Lunch</i>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<i>Snack 2</i>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
<i>Dinner</i>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

¹Fruit may be eaten frozen, fresh or blended into shakes.

My Daily Record

Day 14 Date: _____

My thoughts for the day: _____



*You have brains in your head. You have feet in your shoes.
You can steer yourself any direction you choose.
You're on your own. And you know what you know.
And YOU are the one who'll decide where to go*

—Dr. Seuss
(1904–1991)

Use the food charts in the back of this book to help with healthy choices.

	Shakes (2 tbsp per shake)	PPP (1 check per scoop)	Protein-Rich Snack (1 check each)	Food Protein (1 check per portion)	Fruits ¹ (1 check per portion)	Vegetables (1 check per portion)	Grains (1 check per portion)	Water (4–8 glasses per day)
Breakfast	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Snack 1			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
Lunch	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Snack 2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
Dinner	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

¹Fruit may be eaten frozen, fresh or blended into shakes.

Week 2 Reflections



Did I follow my ShapeWorks meal plan?

yes My reward: _____

no Start again. Each day is a new opportunity.

My current weight is: _____

What strategy will I use to meet my next weekly goal? _____

Weekly Record

Number of days of exercise? _____

Did I follow my calorie target? *yes* *no*

Did I follow my protein target? *yes* *no*

Did I feel hungry? *yes* *no*

Mark the scale to show how you feel about your weight-loss progress this week.

1

2

3

4

5

DID NOT MAKE PROGRESS

MET ALL MY GOALS

My Daily Record

Day 15 Date: _____

My thoughts for the day: _____



*The compliment that helps us on our way
is not the one that is shut up in the mind,
but the one that is spoken out.*

—Mark Twain
(1835–1910)

Use the food charts in the back of this book to help with healthy choices.

	Shakes (2 tbsp per shake)	PPP (1 check per scoop)	Protein-Rich Snack (1 check each)	Food Protein (1 check per portion)	Fruits ¹ (1 check per portion)	Vegetables (1 check per portion)	Grains (1 check per portion)	Water (4–8 glasses per day)
<i>Breakfast</i>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<i>Snack 1</i>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
<i>Lunch</i>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<i>Snack 2</i>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
<i>Dinner</i>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

¹Fruit may be eaten frozen, fresh or blended into shakes.

My Daily Record

Day 16 Date: _____

My thoughts for the day: _____



Good habits result from resisting temptation.

—Proverb

Use the food charts in the back of this book to help with healthy choices.

	Shakes (2 tbsp per shake)	PPP (1 check per scoop)	Protein-Rich Snack (1 check each)	Food Protein (1 check per portion)	Fruits ¹ (1 check per portion)	Vegetables (1 check per portion)	Grains (1 check per portion)	Water (4–8 glasses per day)
<i>Breakfast</i>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<i>Snack 1</i>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
<i>Lunch</i>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<i>Snack 2</i>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
<i>Dinner</i>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

¹Fruit may be eaten frozen, fresh or blended into shakes.

My Daily Record

Day 17 Date: _____

My thoughts for the day: _____



*We can do anything we want to do
if we stick to it long enough.*

—Helen Keller
(1880–1968)

Use the food charts in the back of this book to help with healthy choices.

	Shakes (2 tbsp per shake)	PPP (1 check per scoop)	Protein-Rich Snack (1 check each)	Food Protein (1 check per portion)	Fruits ¹ (1 check per portion)	Vegetables (1 check per portion)	Grains (1 check per portion)	Water (4–8 glasses per day)
<i>Breakfast</i>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<i>Snack 1</i>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
<i>Lunch</i>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<i>Snack 2</i>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
<i>Dinner</i>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

¹Fruit may be eaten frozen, fresh or blended into shakes.

My Daily Record

Day 18 Date: _____

My thoughts for the day: _____



*No man in the world has more courage
than the man who can stop after eating one peanut.*

—Channing Pollock
(1880–1946)

Use the food charts in the back of this book to help with healthy choices.

	Shakes (2 tbsp per shake)	PPP (1 check per scoop)	Protein-Rich Snack (1 check each)	Food Protein (1 check per portion)	Fruits ¹ (1 check per portion)	Vegetables (1 check per portion)	Grains (1 check per portion)	Water (4–8 glasses per day)
<i>Breakfast</i>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<i>Snack 1</i>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
<i>Lunch</i>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<i>Snack 2</i>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
<i>Dinner</i>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

¹Fruit may be eaten frozen, fresh or blended into shakes.

My Daily Record

Day 19 Date: _____

My thoughts for the day: _____



*I've always tried to go a step past
wherever people expected me to end up.*

—Beverly Sills
(1929–)

Use the food charts in the back of this book to help with healthy choices.

	Shakes (2 tbsp per shake)	PPP (1 check per scoop)	Protein-Rich Snack (1 check each)	Food Protein (1 check per portion)	Fruits ¹ (1 check per portion)	Vegetables (1 check per portion)	Grains (1 check per portion)	Water (4–8 glasses per day)
<i>Breakfast</i>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<i>Snack 1</i>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
<i>Lunch</i>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<i>Snack 2</i>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
<i>Dinner</i>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

¹Fruit may be eaten frozen, fresh or blended into shakes.

My Daily Record

Day 20 Date: _____

My thoughts for the day: _____



I am still determined to be cheerful and happy, in whatever situation I may be; for I have also learned from experience that the greater part of our happiness or misery depends upon our dispositions, and not upon our circumstances.

—Martha Washington
(1732–1802)

Use the food charts in the back of this book to help with healthy choices.

	Shakes (2 tbsp per shake)	PPP (1 check per scoop)	Protein-Rich Snack (1 check each)	Food Protein (1 check per portion)	Fruits ¹ (1 check per portion)	Vegetables (1 check per portion)	Grains (1 check per portion)	Water (4–8 glasses per day)
Breakfast	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Snack 1			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
Lunch	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Snack 2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
Dinner	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

¹Fruit may be eaten frozen, fresh or blended into shakes.

My Daily Record

Day 21 Date: _____

My thoughts for the day: _____



*He who has health, has hope;
and he who has hope, has everything.*

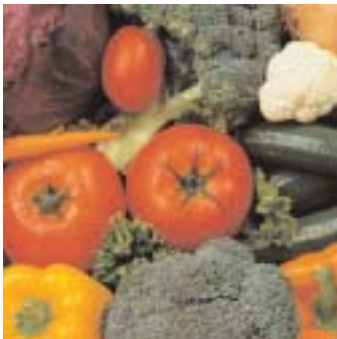
—Arabian Proverb

Use the food charts in the back of this book to help with healthy choices.

	Shakes (2 tbsp per shake)	PPP (1 check per scoop)	Protein-Rich Snack (1 check each)	Food Protein (1 check per portion)	Fruits ¹ (1 check per portion)	Vegetables (1 check per portion)	Grains (1 check per portion)	Water (4–8 glasses per day)
<i>Breakfast</i>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<i>Snack 1</i>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
<i>Lunch</i>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<i>Snack 2</i>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
<i>Dinner</i>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

¹Fruit may be eaten frozen, fresh or blended into shakes.

Week 3 Reflections



Did I follow my ShapeWorks meal plan?

yes My reward: _____

no Start again. Each day is a new opportunity.

What strategy will I use to meet my next weekly goal? _____

Weekly Record

Number of days of exercise? _____

Did I follow my calorie target? *yes* *no*

Did I follow my protein target? *yes* *no*

Did I feel hungry? *yes* *no*

Mark the scale to show how you feel about your weight-loss progress this week.

1

2

3

4

5

DID NOT MAKE PROGRESS

MET ALL MY GOALS

My Daily Record

Day 22 Date: _____

My thoughts for the day: _____



It is not in the stars to hold our destiny but in ourselves.

—William Shakespeare

(1564–1616)

Use the food charts in the back of this book to help with healthy choices.

	Shakes (2 tbsp per shake)	PPP (1 check per scoop)	Protein-Rich Snack (1 check each)	Food Protein (1 check per portion)	Fruits ¹ (1 check per portion)	Vegetables (1 check per portion)	Grains (1 check per portion)	Water (4–8 glasses per day)
<i>Breakfast</i>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<i>Snack 1</i>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
<i>Lunch</i>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<i>Snack 2</i>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
<i>Dinner</i>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

¹Fruit may be eaten frozen, fresh or blended into shakes.

My Daily Record

Day 23 Date: _____

My thoughts for the day: _____



*It is not of importance where we stand,
but in what direction we are moving.*

—Unknown

Use the food charts in the back of this book to help with healthy choices.

	Shakes (2 tbsp per shake)	PPP (1 check per scoop)	Protein-Rich Snack (1 check each)	Food Protein (1 check per portion)	Fruits ¹ (1 check per portion)	Vegetables (1 check per portion)	Grains (1 check per portion)	Water (4–8 glasses per day)
<i>Breakfast</i>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<i>Snack 1</i>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
<i>Lunch</i>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<i>Snack 2</i>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
<i>Dinner</i>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

¹Fruit may be eaten frozen, fresh or blended into shakes.

My Daily Record

Day 24 Date: _____

My thoughts for the day: _____



*You may have a fresh start any moment you choose,
for this thing that we call “Failure”
is not the falling down, but the staying down.*

—Mary Pickford
(1893–1979)

Use the food charts in the back of this book to help with healthy choices.

	Shakes (2 tbsp per shake)	PPP (1 check per scoop)	Protein-Rich Snack (1 check each)	Food Protein (1 check per portion)	Fruits ¹ (1 check per portion)	Vegetables (1 check per portion)	Grains (1 check per portion)	Water (4–8 glasses per day)
<i>Breakfast</i>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<i>Snack 1</i>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
<i>Lunch</i>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<i>Snack 2</i>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
<i>Dinner</i>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

¹Fruit may be eaten frozen, fresh or blended into shakes.

My Daily Record

Day 1 Date: _____

My thoughts for the day: _____



Perseverance, secret of all triumphs.

—Victor Hugo
(1802–1885)

Use the food charts in the back of this book to help with healthy choices.

	Shakes (2 tbsp per shake)	PPP (1 check per scoop)	Protein-Rich Snack (1 check each)	Food Protein (1 check per portion)	Fruits ¹ (1 check per portion)	Vegetables (1 check per portion)	Grains (1 check per portion)	Water (4–8 glasses per day)
<i>Breakfast</i>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<i>Snack 1</i>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
<i>Lunch</i>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<i>Snack 2</i>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
<i>Dinner</i>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

¹Fruit may be eaten frozen, fresh or blended into shakes.

My Daily Record

Day 26 Date: _____

My thoughts for the day: _____



Ninety-nine percent of the failures come from people who have the habit of making excuses.

—George Washington
(1732–1799).

Use the food charts in the back of this book to help with healthy choices.

	Shakes (2 tbsp per shake)	PPP (1 check per scoop)	Protein-Rich Snack (1 check each)	Food Protein (1 check per portion)	Fruits ¹ (1 check per portion)	Vegetables (1 check per portion)	Grains (1 check per portion)	Water (4–8 glasses per day)
<i>Breakfast</i>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<i>Snack 1</i>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
<i>Lunch</i>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<i>Snack 2</i>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
<i>Dinner</i>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

¹Fruit may be eaten frozen, fresh or blended into shakes.

My Daily Record

Day 27 Date: _____

My thoughts for the day: _____



*Obstacles are those frightful things you see
when you take your mind off your goals.*

—Unknown

Use the food charts in the back of this book to help with healthy choices.

	Shakes (2 tbsp per shake)	PPP (1 check per scoop)	Protein-Rich Snack (1 check each)	Food Protein (1 check per portion)	Fruits ¹ (1 check per portion)	Vegetables (1 check per portion)	Grains (1 check per portion)	Water (4–8 glasses per day)
<i>Breakfast</i>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<i>Snack 1</i>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
<i>Lunch</i>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<i>Snack 2</i>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
<i>Dinner</i>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

¹Fruit may be eaten frozen, fresh or blended into shakes.

My Daily Record

Day 28 Date: _____

My thoughts for the day: _____



Success depends in a very large measure upon individual initiative and exertion, and cannot be achieved except by a dint of hard work.

—Anna Pavlova
(1881–1931).

Use the food charts in the back of this book to help with healthy choices.

	Shakes (2 tbsp per shake)	PPP (1 check per scoop)	Protein-Rich Snack (1 check each)	Food Protein (1 check per portion)	Fruits ¹ (1 check per portion)	Vegetables (1 check per portion)	Grains (1 check per portion)	Water (4–8 glasses per day)
<i>Breakfast</i>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<i>Snack 1</i>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
<i>Lunch</i>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<i>Snack 2</i>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
<i>Dinner</i>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

¹Fruit may be eaten frozen, fresh or blended into shakes.

Week 4 Reflections



Did I follow my ShapeWorks meal plan?

yes My reward: _____

no Start again. Each day is a new opportunity.

My current weight is: _____

What strategy will I use to meet my next weekly goal? _____

Weekly Record

Number of days of exercise? _____

Did I follow my calorie target? *yes* *no*

Did I follow my protein target? *yes* *no*

Did I feel hungry? *yes* *no*

Mark the scale to show how you feel about your weight-loss progress this week.

1

2

3

4

5

DID NOT MAKE PROGRESS

MET ALL MY GOALS

My Daily Record

Day 29 Date: _____

My thoughts for the day: _____



*If we could give every individual
the right amount of nourishment and exercise,
not too little and not too much,
we would have found the safest way to health.*

—Hippocrates
(460-377 B.C.)

Use the food charts in the back of this book to help with healthy choices.

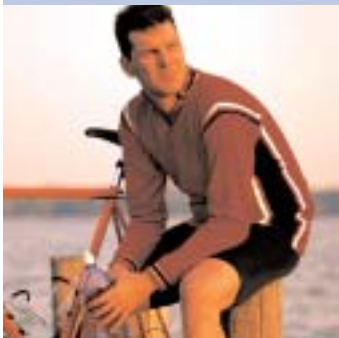
	Shakes (2 tbsp per shake)	PPP (1 check per scoop)	Protein-Rich Snack (1 check each)	Food Protein (1 check per portion)	Fruits ¹ (1 check per portion)	Vegetables (1 check per portion)	Grains (1 check per portion)	Water (4-8 glasses per day)
<i>Breakfast</i>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<i>Snack 1</i>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
<i>Lunch</i>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<i>Snack 2</i>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
<i>Dinner</i>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

¹Fruit may be eaten frozen, fresh or blended into shakes.

My Daily Record

Day 1 Date: _____

My thoughts for the day: _____



*Success is a state of mind.
If you want success,
start thinking of yourself as a success.*

—Dr. Joyce Brothers
(1928–)

Use the food charts in the back of this book to help with healthy choices.

	Shakes (2 tbsp per shake)	PPP (1 check per scoop)	Protein-Rich Snack (1 check each)	Food Protein (1 check per portion)	Fruits ¹ (1 check per portion)	Vegetables (1 check per portion)	Grains (1 check per portion)	Water (4–8 glasses per day)
<i>Breakfast</i>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<i>Snack 1</i>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
<i>Lunch</i>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<i>Snack 2</i>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
<i>Dinner</i>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

¹Fruit may be eaten frozen, fresh or blended into shakes.

Monthly Reflections

Please record your monthly reflections and then schedule your next meeting with your Distributor.

72

Did I stay on my weight-loss plan this month? *yes* *no*

Did I meet my weight-loss goal this month? *yes* *no*

Did I meet my exercise goal this month? *yes* *no*

Did I often feel hungry this month? *yes* *no*

(If yes, be sure to inform your Distributor so that he or she can recommend solutions to help you.)

The next meeting with my Distributor is on _____.

73

Eating With Color

Fruits and Vegetables

	Food Item	Portion	Calories
Red/Purple	Beets, cooked	1 cup	75
	Eggplant, cooked	1 cup	30
	Red Cabbage, cooked	1 cup	30
	Blackberries	1 cup	75
	Blueberries	1 cup	110
	Grapes	1 cup	115
	Plums	2 small	70

Red	Tomato juice	1 cup	40
	Tomato sauce/puree	1 cup	100
	Tomato soup, made with water	1 cup	85
	Tomato vegetable juice	1 cup	45
	Tomatoes, cooked	1 cup	70

Food Item	Portion	Calories
Prunes	3 whole	60
Red Apple	1 medium	100
Red pear	1 medium	100
Red Wine	4-oz. glass	80
Strawberries	1 cup, sliced	50
Peppers, red, chopped	1 cup	30

Pink grapefruit	1/2 fruit	40
Pink grapefruit juice	1/2 cup	50
Watermelon	1 cup balls	50
Tomatoes, raw, chopped	1 cup	40

	Food Item	Portion	Calories
Orange	Acorn Squash, baked	1 cup	85
	Carrots, cooked	1 cup	70
	Pumpkin, cooked	1 cup	50
	Winter squash, baked	1 cup	70

Orange/Yellow	Nectarine	1 large	70
	Orange	1 large	85
	Orange Juice	1/2 cup	50
	Papaya	1/2 large	75

Yellow/Green	Collard greens, cooked	1 cup	50
	Green beans, cooked	1 cup	45
	Mustard greens, cooked	1 cup	20
	Spinach, cooked	1 cup	40
	Turnip greens, cooked	1 cup	30
	Zucchini with skin, cooked	1 cup	30
	Avocado	1/2 average fruit	80

Food Item	Portion	Calories
Apricots	3 whole	50
Cantaloupe	1 cup cubes	55
Mango	1/2 large	80
Carrots, raw	1 cup	50

Peach	1 large	70
Pineapple	1 cup, diced	75
Tangerine	1 medium	45
Yellow Grapefruit	1/2 fruit	40

Honeydew	1 cup cubes	60
Kiwi	1 large	55
Cucumber	1 cup	15
Pepper, green, chopped	1 cup	30
Pepper, yellow, chopped	1 cup	30
Romaine lettuce	1 cup	10
Spinach, raw	1 cup	10

Fruits and Vegetables

	Food Item	Portion	Calories
Green	Broccoli, cooked	1 cup	45
	Brussels Sprouts	1 cup	60
	Cabbage, cooked	1 cup	35
	Cauliflower, cooked	1 cup	30
White/Green	Artichoke	1 medium	60
	Asparagus	1 cup	45
	Celery, diced	1 cup	20
	Leeks, cooked	1 cup	30

	Food Item	Portion	Calories
	Chinese Cabbage, cooked	1 cup	20
	Kale, cooked	1 cup	35
	Swiss Chard, cooked	1 cup	20
	Cabbage, raw	1 cup	20
	Mushrooms, cooked	1 cup	40
	Onion, cooked	1 cup	105
	Endive, raw	1 cup	10

Protein Foods

	Food Item	One Unit	Calories	Protein (gm)
Protein Foods	Formula 1 + nonfat milk + PPP	2 tbsp Formula 1 + 1 cup nonfat milk + 2 tbsp PPP	220	29
	Formula 1 + soy milk + PPP	2 tbsp Formula 1 + 1 cup soy milk + 2 tbsp PPP	220	29

Protein Foods (continued)

	Food Item	One Unit	Calories	Protein (gm)
Protein Foods	Egg whites	7 whites	115	25
	Nonfat cottage cheese	1 cup	140	28
	Turkey Breast	3 ounces (cooked weight)	135	25
	Chicken Breast	3 ounces (cooked weight)	140	25
	Lean Red Meat	3 ounces (cooked weight)	145–160	25
	Ocean-Caught Fish	4 ounces (cooked weight)	130–170	25–31
	Shrimp, crab, lobster	4 ounces (cooked weight)	120	22–24
	Tuna	4 ounces, water pack	145	27
	Scallops	4 ounces (cooked weight)	135	25
	Soy Protein Powder, Plain	1 ounce	110	20–25
	Soy Canadian Bacon	4 slices	80	21 (varies)
	Soy Cereal	1/2 cup	140	25 (varies)
	Soy Hot Dog	2 links	110	22 (varies)
	Soy Ground Round	3/4 cup	120	24
	Soy Burgers	2 patties	160	26
Tofu, firm	1/2 cup	180	20 (varies)	

Starch/Grain

	Food Item	Serving size	Calories	Fiber (gm)	Protein (gm)
Starch/Grain	Corn	1/2 cup, or 1 ear	75	3	2
	Peas	1/2 cup	70	4	3
	Sweet Potato	1/2 cup	100	3	2
	Cooked Beans	1/2 cup, cooked	115–140	5–7	7
	Brown Rice	1/2 cup, cooked	110	2	3
	Lentils	1/2 cup, cooked	115	8	9
	Whole grain pasta	1/2 cup, cooked	85	2	3
	Shredded Wheat, bite size	1 cup	110	4	5
	High Fiber Bran Cereal	2/3 cup	90–120	15–18	4
	Oatmeal	1 cup, cooked	130	4	6
	Bread, 100% Whole Grain	1 slice	60–100	2–3	3–5

Taste Enhancers

Women: 0–3 per day Men: 0–5 per day

	Food Item	Portion	Calories	Fiber (gm)	Fat
Taste Enhancers	Cheese, reduced fat	1 oz.	50–80	0	2–5
	Cheese, Parmesan	3 tbsp	80	0	5
	Nuts	1/2 oz.	80–100	0	6–11
	Olive Oil	1 tsp	40	0	4
	Olives	10 large	50	0	7
	Pine nuts, sesame seeds	1 tbsp (40 nuts)	50	1	4–7



Making the world healthier