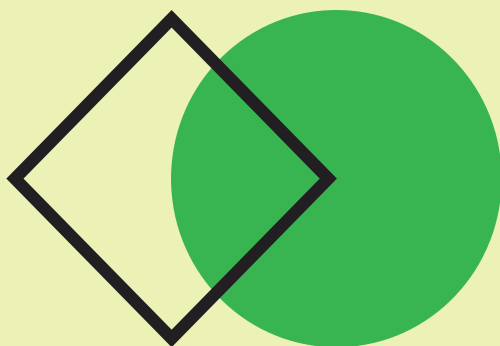


IDEAL  **PROTEIN**
POWERING *life* POSSIBLE

Weight Loss

Phase 1



My Daily Journal



Phase 1

Congratulations on committing to your transformation.

We know you're busy and on-the-go. We're here to help you prioritize your goals and ensure your success.

This journal gives you some much-needed structure when it comes to personalizing and customizing your experience. Writing down what you eat may seem like one extra thing to do each day, but it's a super efficient way to share your progress with your coach and helps keep you motivated and on track with just enough structure to stay organized so you can have the space to live your life.

Use this planner for self-care, reflection, and, most of all, success. Want to know how you're tracking?

Write it down.

Appointments

Notes

	Foods I Ate or Drank & Portion Sizes	IP Food	Macro Requirements	Micro Requirements	Water: 64 oz./d Min
Breakfast			<input type="radio"/> Ideal Protein food	<input type="radio"/> 1 Multi-Vita <input type="radio"/> 1 Potassium	<input type="radio"/> 8 oz. <input type="radio"/> 8 oz.
	Blood Sugar: _____	Blood Pressure: _____			
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Limited: Daily Optional Items

Item and purpose (e.g. "1c broth/hunger)

Exercise Yes No

Time _____ a.m. / p.m.

Duration _____ hrs. / mins.

Type of exercise _____

Discuss with my coach

How was your day?

☹️ 😐

😊 😄

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	Foods I Ate or Drank & Portion Sizes	IP Food	Macro Requirements	Micro Requirements	Water: 64 oz./d Min
Breakfast			<input type="radio"/> Ideal Protein food	<input type="radio"/> 1 Multi-Vita <input type="radio"/> 1 Potassium	<input type="radio"/> 8 oz. <input type="radio"/> 8 oz.
	Blood Sugar: _____	Blood Pressure: _____			
Lunch			<input type="radio"/> Ideal Protein food <input type="radio"/> 2 c. Vegetables <input type="radio"/> Oil (2 tsp./day total)	<input type="radio"/> 1 Multi-Vita <input type="radio"/> 1 Omega-3 Plus <input type="radio"/> Ideal Salt (¼ tsp./day total) *or sea salt	<input type="radio"/> 8 oz. <input type="radio"/> 8 oz.
	Blood Sugar: _____	Blood Pressure: _____			
Dinner			<input type="radio"/> 4–6 oz. Whole Protein <input type="radio"/> 2 c. Vegetables <input type="radio"/> Oil (2 tsp./day total)	<input type="radio"/> 1 Omega-3 Plus <input type="radio"/> 2 Cal-Mags <input type="radio"/> Ideal Salt* (¼ tsp./day total) *or sea salt	<input type="radio"/> 8 oz. <input type="radio"/> 8 oz.
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Limited: Daily Optional Items

Item and purpose (e.g. "1c broth/hunger)

Exercise Yes No

Time _____ a.m. / p.m.

Duration _____ hrs. / mins.

Type of exercise _____

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Notes



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