**Your Metabolism Plan Weight - Loss Tracking Sheet**

**Health goals for the next 30 days:**

**Weight goals for the next 30 days:**

**Reactive foods:**

**Friendly foods:**

**Foods to retest:**

**Additional Notes or questions:**

Date:

Supplements and Medications:

Plan Day Followed yesterday: Day 0 (last day before Planning)

Water (ounces) yesterday:

Hours Slept yesterday:

Exercise yesterday:

Weight (pounds) today:

BBT (F) today:

Digestion yesterday and this morning:

Mood yesterday and this morning:

Stress Level yesterday and this morning:

Please list what you ate yesterday

Breakfast:

Lunch:

Snack:

Dinner:

Date:

Supplements and Medications:

Plan Day Followed yesterday: Day 1

Any menu deviations yesterday:

Water (ounces) yesterday:

Hours Slept yesterday:

Exercise yesterday:

Weight (pounds) today:

BBT (F) today:

Digestion yesterday and this morning:

Mood yesterday and this morning:

Stress Level yesterday and this morning:

Please list what you ate yesterday-

Breakfast:

Lunch:

Snack:

Dinner:

Date:

Supplements and Medications:

Plan Day Followed yesterday: Day 2

Any menu deviations yesterday:

Water (ounces) yesterday:

Hours Slept yesterday:

Exercise yesterday:

Weight (pounds) today:

BBT (F) today:

Digestion yesterday and this morning:

Mood yesterday and this morning:

Stress Level yesterday and this morning:

Please list what you ate yesterday-

Breakfast:

Lunch:

Snack:

Dinner:

Date:

Supplements and Medications:

Plan Day Followed yesterday: Day 3

Any menu deviations yesterday:

Water (ounces) yesterday:

Hours Slept yesterday:

Exercise yesterday:

Weight (pounds) today:

BBT (F) today:

Digestion yesterday and this morning:

Mood yesterday and this morning:

Stress Level yesterday and this morning:

Please list what you ate yesterday-

Breakfast:

Lunch:

Snack:

Dinner:

Date:

Supplements and Medications:

Plan Day Followed yesterday: Day 4

Any menu deviations yesterday:

Water (ounces) yesterday:

Hours Slept yesterday:

Exercise yesterday:

Weight (pounds) today:

BBT (F) today:

Digestion yesterday and this morning:

Mood yesterday and this morning:

Stress Level yesterday and this morning:

Please list what you ate yesterday-

Breakfast:

Lunch:

Snack:

Dinner:

Date:

Supplements and Medications:

Plan Day Followed yesterday: Day 5

Any menu deviations yesterday:

Water (ounces) yesterday:

Hours Slept yesterday:

Exercise yesterday:

Weight (pounds) today:

BBT (F) today:

Digestion yesterday and this morning:

Mood yesterday and this morning:

Stress Level yesterday and this morning:

Please list what you ate yesterday-

Breakfast:

Lunch:

Snack:

Dinner:

Date:

Supplements and Medications:

Plan Day Followed yesterday: Day 6

Any menu deviations yesterday:

Water (ounces) yesterday:

Hours Slept yesterday:

Exercise yesterday:

Weight (pounds) today:

BBT (F) today:

Digestion yesterday and this morning:

Mood yesterday and this morning:

Stress Level yesterday and this morning:

Please list what you ate yesterday-

Breakfast:

Lunch:

Snack:

Dinner:

Date:

Supplements and Medications:

Plan Day Followed yesterday: Day 7

Any menu deviations yesterday:

Water (ounces) yesterday:

Hours Slept yesterday:

Exercise yesterday:

Weight (pounds) today:

BBT (F) today:

Digestion yesterday and this morning:

Mood yesterday and this morning:

Stress Level yesterday and this morning:

Please list what you ate yesterday-

Breakfast:

Lunch:

Snack:

Dinner:

Date:

Supplements and Medications:

Plan Day Followed yesterday: Day 8

Any menu deviations yesterday:

Water (ounces) yesterday:

Hours Slept yesterday:

Exercise yesterday:

Weight (pounds) today:

BBT (F) today:

Digestion yesterday and this morning:

Mood yesterday and this morning:

Stress Level yesterday and this morning:

Please list what you ate yesterday-

Breakfast:

Lunch:

Snack:

Dinner:

Date:

Supplements and Medications:

Plan Day Followed yesterday: Day 9

Any menu deviations yesterday:

Water (ounces) yesterday:

Hours Slept yesterday:

Exercise yesterday:

Weight (pounds) today:

BBT (F) today:

Digestion yesterday and this morning:

Mood yesterday and this morning:

Stress Level yesterday and this morning:

Please list what you ate yesterday-

Breakfast:

Lunch:

Snack:

Dinner:

Date:

Supplements and Medications:

Plan Day Followed yesterday: Day 10

Any menu deviations yesterday:

Water (ounces) yesterday:

Hours Slept yesterday:

Exercise yesterday:

Weight (pounds) today:

BBT (F) today:

Digestion yesterday and this morning:

Mood yesterday and this morning:

Stress Level yesterday and this morning:

Please list what you ate yesterday-

Breakfast:

Lunch:

Snack:

Dinner:

Date:

Supplements and Medications:

Plan Day Followed yesterday: Day

Any menu deviations yesterday:

Water (ounces) yesterday:

Hours Slept yesterday:

Exercise yesterday:

Weight (pounds) today:

BBT (F) today:

Digestion yesterday and this morning:

Mood yesterday and this morning:

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Supplements and Medications:

Plan Day Followed yesterday: Day

Any menu deviations yesterday:

Water (ounces) yesterday:

Hours Slept yesterday:

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