METABOLIC JUMPSTART Laurenge

NAME: DATE:	BREAKFAST:
TODAY'S WORKOUT:	
	LUNCH:
BREATHING/MEDITATION:	
□yes □no	
SLEEP: (CIRCLE # OF HOURS)	DINNER:
12345678	
BONUS ACTIVITIES:	
	SNACKS:
WATER:	
	*don't forget to include protein at each meal
HOW DO I FEEL TODAY? (CIRCLE # OF STARS)	****
NOTES:	