### Week 1 Habit Tracker

Date			
Dale			

7-Day Healthy Cleanse Week
Daily accountability starts here! Take 3 minutes each day to record your habits and changes.

	MON	TUE	WED	THU	FRI	SAT	SUN
AM Packet							
PM Packet							
Life Shake (optional)							
Drink 80 oz. of water							
Cleanse-approved diet							
30 minutes of gentle exercise/movement such as walking and stretching							
15 minutes of personal development							
Sleep at least 7 hours							
Complete your Daily Check-In							

# Week 1 Daily Check-In Date \_\_\_\_\_

### Your Wellness Diary

Rate yourself 1-10.1 = very poor, 10 = feeling amazing.

#### MONDAY

	RATE 1-10	NOTES
Mental Focus		
Energy Levels		
Mood		
Sleep Quality		
Cravings		
Digestion		

#### WHAT OTHER CHANGES AND IMPROVEMENTS HAVE YOU NOTICED?

### **TUESDAY**

Energy Levels  Mood  Sleep Quality  Cravings	Mental Focus		
Mood Sleep Quality Cravings Digestion			
Sleep Quality Cravings Digestion	Energy Levels		
Digestion	Mood		
Digestion  WHAT OTHER CHANGES AND IMPROVEMENTS HAVE YOU NOTICED?	Sleep Quality		
	Cravings		
	Digestion		
	WHAT	OTHER CHANGES	AND IMPROVEMENTS HAVE YOU NOTICED?

### **WEDNESDAY**

	RATE 1-10	NOTES
Mental Focus		
Energy Levels		
Mood		
Sleep Quality		
Cravings		
Digestion		

WHAT OTHER	CHANGES AN	ND IMPROVEM	IENTS HAVE	YOU NOTICED?

### **THURSDAY**

Sleep Quality Cravings		RATE 1-10	NOTES
Mood Sleep Quality Cravings Digestion	Mental Focus		
Cravings Digestion	Energy Levels		
Digestion	Mood		
Digestion  WHAT OTHER CHANGES AND IMPROVEMENTS HAVE YOU NOTICED?	Sleep Quality		
	Cravings		
WHAT OTHER CHANGES AND IMPROVEMENTS HAVE YOU NOTICED?	Digestion		
	WHAT	OTHER CHANGE	ES AND IMPROVEMENTS HAVE YOU NOTICED?

### **FRIDAY**

	RATE 1-10	NOTES
Mental Focus		
Energy Levels		
Mood		
Sleep Quality		
Cravings		
Digestion		

WHAT OTHER CHANGES AND IMPROVEMENTS HAVE	YOU NOTICED?
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### SATURDAY

Sleep Quality Cravings		RATE 1-10	NOTES
Mood Sleep Quality Cravings Digestion	Mental Focus		
Cravings Digestion	Energy Levels		
Sleep Quality Cravings Digestion WHAT OTHER CHANGES AND IMPROVEMENTS HAVE YOU NOTICED?	Mood		
Digestion	Sleep Quality		
	Cravings		
WHAT OTHER CHANGES AND IMPROVEMENTS HAVE YOU NOTICED?	Digestion		
	WHAT	OTHER CHANGES A	AND IMPROVEMENTS HAVE YOU NOTICED?

### SUNDAY

	RATE 1-10	NOTES
Mental Focus		
Energy Levels		
Mood		
Sleep Quality		
Cravings		
Digestion		

WHAT OTHER	CHANGES	AND IMPROVEMENTS	HAVE YOU NOTICED?

## Week 1 Recap

Take 5 minutes to complete this at the end of each week.

Congratulations! You made it through the 7-Day Healthy Cleanse! We know it wasn't easy and you should be proud of yourself for accomplishing something this hard. It's a great jump start to a healthier lifestyle. Record your biggest wins and changes.

Your Wins  Biggest physical changes felt	How can I continue to work toward my 30-day health goal next week?
Biggest mental changes felt	
Biggest emotional changes felt	Take a Progress Picture  Record your weight and inches on the weight tracker on page 10
List three things you are proud of accomplishing or sticking to this week	Ready to start Week 2 on the right track? Plan your meals with our Meal Planner in the Resources section on pages 48-51.  Share your results with your Ambassador and let them know what is going well and where you need extra support! Remember, they want to help and see you succeed in accomplishing your goals!
3	Feel amazing? Share your health journey with your friends and on social media.  Don't forget to include #ReadySetWellness.