

10-Day CHANGE YOUR BODY CHALLENGE

Daily Checklist

Directions: Check all the boxes you accomplished today. Additionally, check off any additional Challenge actions you took today. Lastly, take a moment to consider how you feel by rating yourself in the six categories below.

- ☐ No grains, no sugar
- ☐ All healthy oils
- ☐ No artificial sweeteners
- ☐ No alcohol
- ☐ No beans or legumes
- ☐ No dairy
- ☐ No nuts
- ☐ No soy
- ☐ No cold cuts or cured meats
- ☐ No additives or preservatives
- ☐ No shellfish

Other Challenge Actions

- ☐ Drank 72+ ounces water
- ☐ Cleansing drink X ☐
- ☐ Cranberry drink
- ☐ Fiber supplement
- ☐ Magnesium supplement

Rate How You Feel:

In comparison to how you felt before starting the Challenge, rate these areas from - 5 to +5 with "0" being your norm. Use minus 1 to 5 if you feel worse and plus 1 to 5 if you feel better.

My energy level: _____ My sleep: _____ My mental clarity: _____
My digestion: _____ My cravings: _____ My aches and pains: _____
My bowl movements: _____