

# Cheat Your Way Thin

Daily Journal Entry

Type of Day: Low Carb

Date:

## Meal Plan

Breakfast	# Portions
	P 1
	F 1
	C -
	V
Mid-morning Snack	
	P 1
	F 1
	C -
	V
Lunch	
	P 1
	F 1
	C -
	V
Mid-afternoon Snack	
	P 1
	F 1
	C -
	V
Dinner	
	P 1
	F 1
	C -
	V

Total Portions of Protein	5
Total Portions of Fat	5
Total Portions of Carbohydrate	0
Total Portions of Free Veggies	>3

## Actual Diet

Breakfast	# Portions
	P
	F
	C
	V
Mid-morning Snack	
	P
	F
	C
	V
Lunch	
	P
	F
	C
	V
Mid-afternoon Snack	
	P
	F
	C
	V
Dinner	
	P
	F
	C
	V

Total Portions of Protein	
Total Portions of Carbohydrate	
Total Portions of Fat	
Total Portions of Free Veggies	

## Diet Assessment

Did you plan today's menu in advance?

Did you consume at least 3 whole-food meals today?

Did you abstain from eating at other than scheduled meal times (except free veggies)?

Did you steer clear of off-limits foods?

Did today's diet contain a variety of healthy fats?

Did today's diet contain substantial omega-3 fatty acids?

Did you consume at least three portions of fibrous veggies?

Did you have your Prograde Protein® Shake prior to bedtime?

What, specifically, did you do very well today?

What, specifically, about today can you improve upon?

Additional Diet Notes:

## Activity Assessment

Did you make an effort to burn extra calories through taking the stairs (not the elevator), parking further away, etc?

Did you do any Cheat Your Way Fit workouts today?

What type of additional direct exercise activity (additional CYWFit Workouts, brisk walking, jogging, sport, etc) did you participate in today, if any?

What can you do to improve your level of activity?

Additional Activity Notes:

# Cheat Your Way Thin

Daily Journal Entry

Type of Day: Low GI/GL

Date:

## Meal Plan

Breakfast	# Portions
	P 1
	F 1
	C 1
	V
Mid-morning Snack	
	P 1
	F 1
	C 1
	V
Lunch	
	P 1
	F 1
	C 1
	V
Mid-afternoon Snack	
	P 1
	F 1
	C 1
	V
Dinner	
	P 1
	F 1
	C 1
	V

Total Portions of Protein	5
Total Portions of Fat	5
Total Portions of Carbohydrate	5
Total Portions of Free Veggies	>3

## Actual Diet

Breakfast	# Portions
	P
	F
	C
	V
Mid-morning Snack	
	P
	F
	C
	V
Lunch	
	P
	F
	C
	V
Mid-afternoon Snack	
	P
	F
	C
	V
Dinner	
	P
	F
	C
	V

Total Portions of Protein	
Total Portions of Carbohydrate	
Total Portions of Fat	
Total Portions of Free Veggies	

## Diet Assessment

Did you plan today's menu in advance?

Did you consume at least 3 whole-food meals today?

Did you abstain from eating at other than scheduled meal times (except free veggies)?

Did you steer clear of off-limits foods?

Did today's diet contain strictly lower glycemic carbohydrates from the approved list?

Did today's diet contain substantial omega-3 fatty acids?

Did you consume at least three portions of fibrous veggies?

Did you have your Prograde Protein® Nutrition Shake prior to bedtime?

What, specifically, did you do very well today?

What, specifically, about today can you improve upon?

Additional Diet Notes:

## Activity Assessment

Did you make an effort to burn extra calories through taking the stairs (not the elevator), parking further away, etc?

Did you do any Cheat Your Way Fit workouts today?

What type of additional direct exercise activity (additional CYWFit Workouts, brisk walking, jogging, sport, etc) did you participate in today, if any?

What can you do to improve your level of activity?

Additional Activity Notes:

# Cheat Your Way Thin

Daily Journal Entry

Type of Day: Higher GI/GL

Date:

## Meal Plan

Breakfast	# Portions
	P 1
	F 1
	C 1
	V
Mid-morning Snack	
	P 1
	F 1
	C 1
	V
Lunch	
	P 1
	F 1
	C 1
	V
Mid-afternoon Snack	
	P 1
	F 1
	C 1
	V
Dinner	
	P 1
	F 1
	C 1
	V

Total Portions of Protein	5
Total Portions of Fat	5
Total Portions of Carbohydrate	5
Total Portions of Free Veggies	>3

## Actual Diet

Breakfast	# Portions
	P
	F
	C
	V
Mid-morning Snack	
	P
	F
	C
	V
Lunch	
	P
	F
	C
	V
Mid-afternoon Snack	
	P
	F
	C
	V
Dinner	
	P
	F
	C
	V

Total Portions of Protein	
Total Portions of Carbohydrate	
Total Portions of Fat	
Total Portions of Free Veggies	

## Diet Assessment

Did you plan today's menu in advance?

Did you consume at least 3 whole-food meals today?

Did you abstain from eating at other than scheduled meal times (except free veggies)?

Did you steer clear of off-limits foods?

Did today's diet contain mostly higher glycemic carbohydrates from the approved list?

Did today's diet contain substantial omega-3 fatty acids?

Did you consume at least three portions of fibrous veggies?

Did you have your Prograde Lean® Nutrition Shake prior to bedtime?

What, specifically, did you do very well today?

What, specifically, about today can you improve upon?

Additional Diet Notes:

## Activity Assessment

Did you make an effort to burn extra calories through taking the stairs (not the elevator), parking further away, etc?

Did you do any Cheat Your Way Fit workouts today?

What type of additional direct exercise activity (additional CYWFit Workouts, brisk walking, jogging, sport, etc) did you participate in today, if any?

What can you do to improve your level of activity?

Additional Activity Notes:

# Cheat Your Way Thin

## Weekly Progress Report

End of Week \_\_\_\_

Date:

Note: All measurements are to be taken upon awakening before beginning your Cheat Day.

## One Week Progress

	One Week Ago	Today	Difference
Bust			
Waist			
Hips			
Right arm			x 2
Right thigh			x 2
Right calf			x 2
		Total	

## Total Progress

	Starting	Today	Difference
Bust			
Waist			
Hips			
Right arm			x 2
Right thigh			x 2
Right calf			x 2
		Total	

## Cheat Your Way Fit Workouts

	Sun	Mon	Tues	Wed	Thurs	Fri
# Sessions						
					Total	

## Weekly Diet Assessment

On a scale of 1 -10, how would you rate your adherence to the dietary portion of the program this week?

Did you plan, shop, and cook ahead of time as advised?

Did you use quick and easy snacks and/or meal replacements to make sticking to the plan easier?

Based on your responses to the above questions, in addition to those of the daily assessments, list 2 - 3 specific areas of your diet in which you excelled this week:

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Based on your responses to the above questions, in addition to those of the daily assessments, list 2 -3 specific areas of your diet in which you can improve upon in the upcoming week to further increase results:

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## Weekly Activity Assessment

Did you complete at least one Cheat Your Way Fit Workout on both Sunday and Monday and then a third session later in the week?

Did you make an effort to burn extra calories through taking the stairs (not the elevator), parking further away, etc?

Did you participate in any additional direct forms of exercise (additional Cheat Your Way Fit Workouts brisk walking, jogging, sport, etc) throughout the week?

Based on your responses to the above questions, in addition to those of the daily assessments, how can you improve your level of activity both on the two days following the Cheat Day and throughout the remainder of the week to further increase results?

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