

DATE _____

M T W T F S S

Rate when you wake up:	1	2	3	4	5
Sleep					
Mood					
Energy					

COLORFUL EATING HABITS

Daily Totals ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Breakfast _____

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Snack _____

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Lunch _____

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Snack _____

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Dinner _____

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Favorite meal of the day? _____

Water 
Oz. 



Vegan Shakeology
Flavor/Ingredients: _____

Added Sugar
_____ grams
_____ grams
_____ grams

Optimize (before meals) B L D

Revitalize (with breakfast) B

EXERCISE:

Did you work out? ☐Y ☐N For how long? _____

30 PLANTS A WEEK TRACKER

EVENING REFLECTION

How did your food make you feel?

What emotions did you feel when eating or after eating?

Rate the day: Energy	1	2	3	4	5	6	7
Mood	1	2	3	4	5	6	7
Digestion	1	2	3	4	5	6	7
Bowel Movements (Bristol Stool Chart)	1	2	3	4	5	6	7
Notes: _____ _____							