

PORTION FIX[®]

DAILY LOGBOOK



Progress,
Not Perfection.



A LETTER FROM AUTUMN



I want to share a simple concept with you. It's called "today." It's simple, but very challenging. When you commit to a fitness program, you carve out a chunk of time, you work out, and you're done. But when you commit to a new way of eating and thinking about food, you're committing to every single meal, every single snack, every single day. It's important work and it takes effort. But I know you can do it. Instead of thinking about the next 30 days, or 6 months or next summer, just start with today. Are you ready to create a meal that's delicious, and perfectly portioned to you? Are you ready to swap out processed foods for wholesome ingredients? Are you ready to begin breaking a hyperpalatable food addiction? I'm going to show you how you can do all 3, and more, today. And if you can do it today, just one day, you can do it every day. I can't wait to share how we're going to do it.

A handwritten signature in blue ink that reads "Autumn Calabrese". The signature is written in a cursive, flowing style.

Autumn Calabrese

MY PORTION FIX GOALS



What are your goals with Portion Fix?

What's your why?

What roadblocks or obstacles have you encountered in the past trying to achieve your goals?

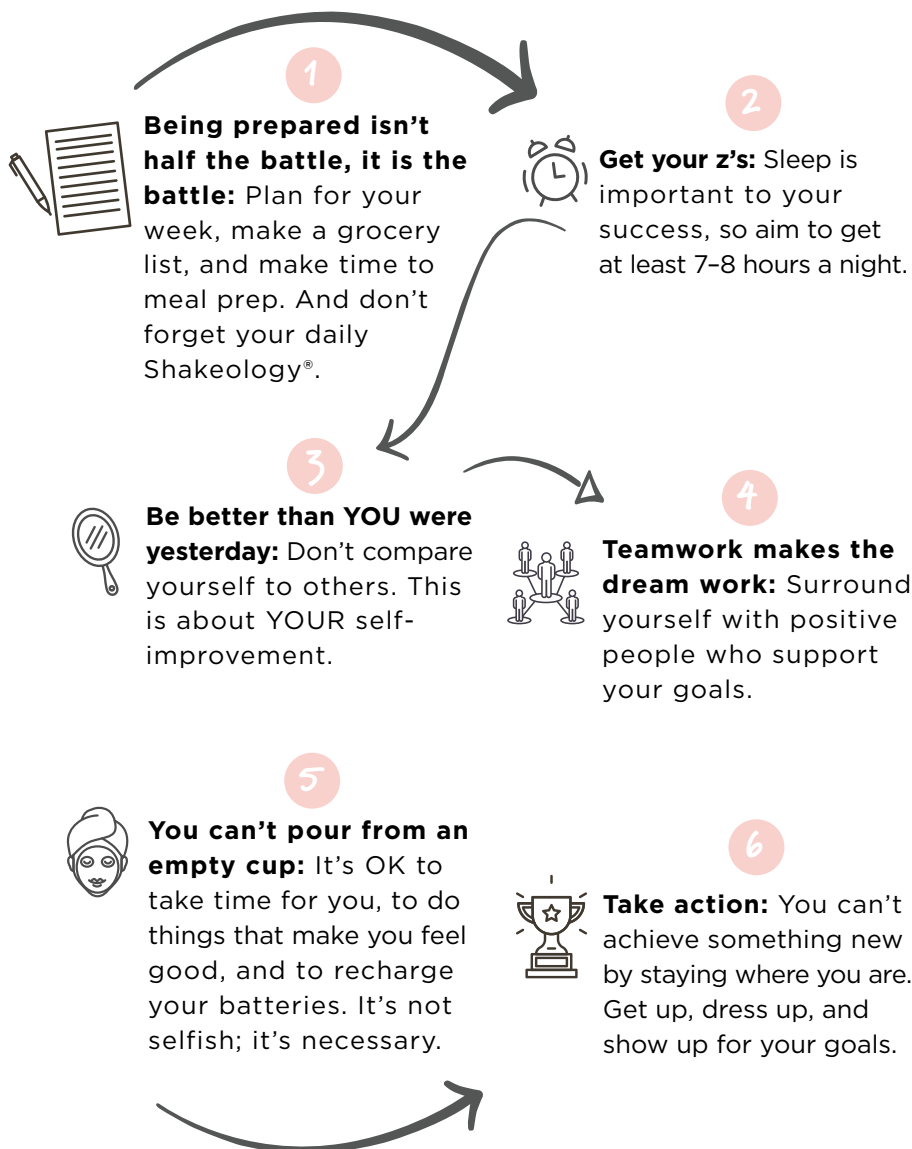
What do you need to let go of to reach those goals?

What do you need more of in your life?

Who will help you achieve your goals?

How will you feel when you reach your goals?

AUTUMN'S 6 TIPS FOR REACHING YOUR GOALS



MY MEASUREMENTS

You're going to be putting in a lot of effort every day to reach your goals. It's important to document where you are now and what your body looks like today, Day 1. Yes, this is hard, but I know you can do it. Because we're going to come right back here on Day 30 and do it all over again, and show you that all your hard work can pay off.

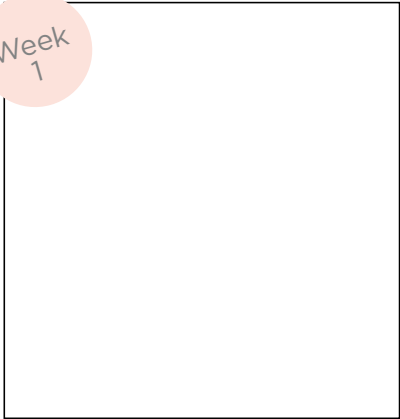
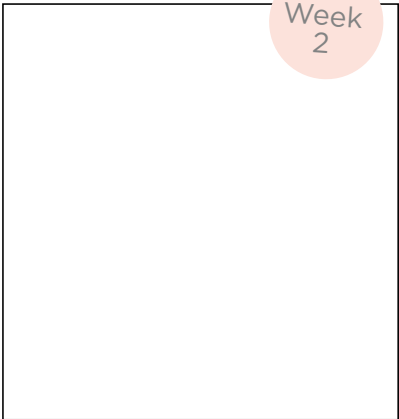
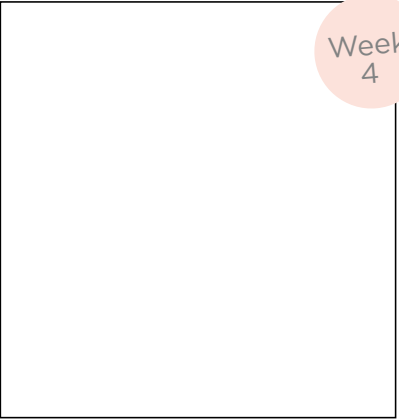


MEASUREMENTS	DAY 1	DAY 30
CHEST		
R. ARM		
L. ARM		
WAIST		
HIPS		
R. THIGH		
L. THIGH		
TOTAL INCHES		
WEIGHT		

To get accurate measurements follow these steps: CHEST, measure around widest part, over the nipples. ARMS, halfway between elbow and shoulder. WAIST, over the belly button. HIPS, over hip bones with feet together. THIGHS, halfway between knee and hip. For consistency, always measure when you're barefoot.

MY PROGRESS PHOTOS

Just like taking your measurements, there's no better way to document your progress than by taking weekly progress photos. I'd like you to take one today, and then at the beginning of each of the next few weeks. Photos speak volumes, so it's important that you don't skip this incredible tracking tool.

 Week 1	 Week 2
<i>Do it.</i>	<i>Get it.</i>
 Week 3	 Week 4
<i>Work it.</i>	<i>Crush it.</i>

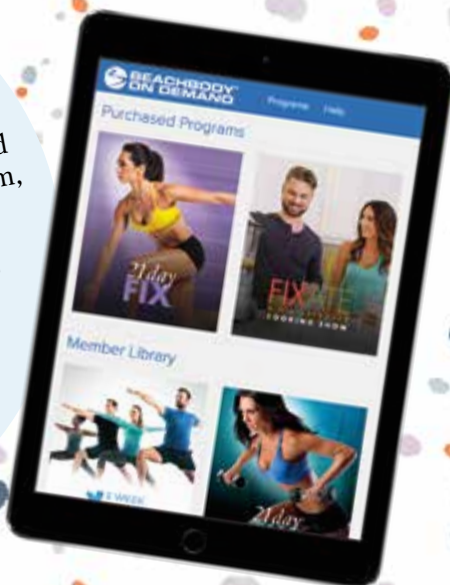
THE BEACHBODY® APP AND BEACHBODY ON DEMAND



Staying on top of your Portion Fix daily container use is easy, even when you're on-the-go. The Beachbody app makes it simple and sustainable to track your portions, water consumption, daily Shakeology, and more. I know you'll find it as indispensable as I do.

Download it today.

This program is all about getting your nutrition and eating habits on point. But I want you to get better results by adding in a fitness component daily. Beachbody On Demand has hundreds of workouts ready to stream, including my biggest hits like 9 Week Control Freak®, 80 Day Obsession®, 21 Day Fix®, 21 Day Fix EXTREME® and more. Whether you're just starting out or getting back to working out, there's a program for you.



EAT THE RAINBOW

These are the foods from the top ⅓ of the Food Lists. They are the best of the best, and I've gathered them here for easy reference. If you hit a plateau or get bored with your meals, or just want to see better results, eat from these lists.

Vegetables

Green Container

- Kale, cooked or raw
- Watercress, cooked or raw^{IF}
- Collard greens, cooked or raw
- Spinach, cooked or raw^{IF}
- Bok choy, cooked or raw^{IF}
- Brussels sprouts, chopped or 5 medium*
- Broccoli, chopped
- Asparagus, 10 large spears*
- Beets, 2 medium*
- Shakeology Power Greens Boost, 2 scoops (limit once a day)[†]
- Tomatoes, chopped, cherry, or 2 medium*^{IF}
- Tomatillos, chopped or 3 medium*
- Pumpkin (regular or West Indian), cubed
- Squash (summer), sliced^{IF}
- Chayote squash, chopped
- Winter squash (all varieties), cubed

Fruits

Purple Container

- Raspberries^{IF}
- Blueberries^{IF}
- Blackberries^{IF}
- Strawberries^{IF}
- Pomegranate, 1 small*^{IF}
- Pomegranate seeds, ½ cup*^{IF}
- Guava, 2 medium*
- Starfruit, 2 medium*
- Passion fruit, 3 fruits*
- Watermelon, chopped^{IF}
- Cantaloupe, chopped
- Orange, divided into sections or 1 medium*
- Bitter orange, 1 medium*
- Tangerine, 2 small*^{IF}

*These food items don't fit in the containers, so just use the indicated amount.

†You can have Shakeology Power Greens Boost as many times as you want each day, but only two scoops count toward your containers.

^{IF} These foods may sit lighter or be easier to digest if you are struggling to get in all of your containers while following the Intermittent Fasting pathway.

Proteins

Red Container

- Sardines (fresh or canned in water), 7 medium*^{IF}
- Boneless, skinless chicken or turkey breast, cooked, chopped
- Duck breast, cooked, chopped
- Squab, cooked, chopped
- Goat, cooked, chopped
- Lean ground chicken or turkey ($\geq 93\%$ lean), cooked^{IF}
- Fish, fresh water (catfish, tilapia, trout), cooked, flaked^{IF}
- Fish, cold water, wild-caught (cod, salmon, halibut, tuna), cooked, flaked^{IF}
- Game (buffalo, bison, ostrich, venison, rabbit), cooked, chopped
- Game, lean ground ($\geq 95\%$ lean), cooked^{IF}
- Eggs, 2 large*
- Egg whites, 8 large*^{IF}
- Shakeology, 1 scoop*^{IF}
- Greek yogurt (plain, 2%)

Healthy Fats

Blue Container

- Avocado, mashed or $\frac{1}{4}$ medium*
- 12 almonds, whole, raw*
- 8 cashews, whole, raw*
- 14 peanuts, whole, dry roasted*
- 20 pistachios, whole, raw*
- 10 pecan halves, raw*
- 8 walnut halves, raw*
- Hummus

††Teaspoon not provided. Please use your own.

^{IF} These foods may sit lighter or be easier to digest if you are struggling to get in all of your containers while following the Intermittent Fasting pathway.

All foods listed under the blue, orange, and teaspoons could be labeled with the IF symbol.

Carbohydrates

Yellow Container

- Sweet potato, chopped or mashed, or $\frac{1}{2}$ small*
- Yams (regular, white, tropical [batata]), chopped or mashed, or $\frac{1}{2}$ small*
- Plantains, sliced or $\frac{1}{2}$ medium*
- Quinoa, cooked^{IF}
- Beans (kidney, black, garbanzo/chickpeas, white, lima, fava, pink, pigeon, etc.), cooked, drained
- Lentils, cooked, drained
- Organic edamame, shelled^{IF}
- Water chestnuts^{IF}
- Cassava (yuca), 2 oz.*
- Peas^{IF}
- Refried beans (nonfat)
- Rice (brown or wild), cooked
- Potato (russet), chopped or mashed, or $\frac{1}{2}$ small*
- Potato (red bliss or Yukon gold), mashed or 1 whole*

Seeds & Dressings

Orange Container

- Pumpkin seeds, raw
- Sunflower seeds, raw
- Sesame seeds, raw
- Flaxseed, ground
- Fix-/Fixate-approved salad dressings

Oils & Nut Butters

Teaspoon^{††}

- Extra-virgin olive oil
- Extra-virgin coconut oil
- Flaxseed oil
- Nut butters (peanut, almond, cashew, etc.)
- Seed butters (pumpkin, sunflower, sesame[tahini])
- Fixate Pesto or similar
- Fixate Mayonnaise or similar

Change
nothing and
nothing changes.



READY, SET, SUCCESS



Goals are important. They keep you motivated to make meaningful changes in your daily routine, and push you to try new ways of doing old things. Goals help you kick bad habits because you're accountable to only one person—you. Here's a quick checklist to get you moving toward success.

CHECKLIST

- ☐ Write down your goals
- ☐ Know your blockers
- ☐ Enlist a teammate or Team Beachbody® Coach
- ☐ Download the Beachbody app
- ☐ Identify your meal plan
- ☐ Put together a shopping list
- ☐ Meal prep
- ☐ Find a fitness program
- ☐ Get a “Believe to Achieve” mindset

HOW YOUR PORTION FIX DAILY LOGBOOK WORKS

MORNING MINDFULNESS

When you start your day with Morning Mindfulness, you'll feel better, you'll get yourself in a positive headspace, and in turn, you'll have a productive day toward reaching your goals. The idea is that when you properly set yourself up for success, you'll make great choices. It begins the moment you wake up. Each day, I want you to start by thinking about how you want your day to go. Set your goals, create your daily intentions, and really think about how you're going to achieve them. It's also time to take stock of a few things—how you slept, what's your mood, how's your energy, and what you'll be doing for exercise. Your day is full of incredible possibilities.

- **Set your intentions for the day**
- **Remember your why**
- **Take stock**

When you wake up, I want you to rate how you feel:

Sleep	1	2	3	4	5
Mood	1	2	3	4	5
Energy	1	2	3	4	5

HEALTHY HABITS

Big changes happen when you take small actions daily. You're creating healthy habits that will pay dividends to you from here on out. Every single day, I want you to think about the actions you take and the healthy habits you're using as things that get you closer to your goals. Healthy habits can include drinking more water, making sure you're getting enough sleep, keeping track of your bowel movements, exercising more—and, most important, planning, prepping, and sticking to your plan.

- 
- **Tracking food**
 - **Water**
 - **Exercise**
 - **Positive attitude**

EVENING REFLECTION

Each evening is your chance to reflect on how your day went. Did it go according to plan? Were there some obstacles along the way? Every day is not going to be perfect, but hopefully you made progress. If you had a great day, think about what healthy habits and successes helped get you closer to your goals. If you didn't, how did the food you ate make you feel? Did it affect you physically or emotionally? We're often confronted with the unexpected, which can make us feel anxious and uncertain, and which can lead to unhealthy choices. Before you go to bed, it's crucial that you take stock of your physical and emotional well-being today, and reflect on what you can change tomorrow.

Before you go to bed, I want you to take stock:

What did you do well?

What could've gone better?

How did the food you ate make you feel?

What's something you learned?

1 = "I could've done better," 3 = "I'm getting there," and
5 = "I nailed it."

Energy	1	2	3	4	5
Mood	1	2	3	4	5
Digestion	1	2	3	4	5
Bowel Movements	1	2	3	4	5

Don't wish for it.
Work for it.



WEEK 1 FOCUS

Welcome to your first week of the Portion Fix. If you are brand-new to the program and portion-control containers, keep your focus simple this week. Focus on Foundational Fix: eating every 2–3 hours, trying a few new foods from the Food Lists, and eating all your containers paired however you like.

If there's something you're trying to cut back on or eliminate, like soda or other sugary drinks, start slow. Decide each morning how you'll decrease your intake, and what you'll replace it with. This is an ideal time to mention your daily Shakeology, which can help curb your cravings while giving your body the nutrients it needs. If you drink 3 sodas a day, cut down to 2 for a few days and then down to 1 or none. If you have a morning and afternoon coffee, eliminate one serving and replace it with more water.

Big change happens when you take small actions consistently over time.



WEEK 1 • DAY 1

DATE _____ M T W T F S S

MORNING MINDFULNESS

Today's goals and intentions: _____

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

HEALTHY HABITS

Breakfast _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Snack _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Lunch _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Snack _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Dinner _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Water 
Oz. 

Shakeology
☐ Y ☐ N



Flavor/Ingredients: _____

EXERCISE:

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

How did you improve over the previous day's workout?

Rate your attitude about:					
Body	1	2	3	4	5
Nutrition	1	2	3	4	5
Energy	1	2	3	4	5

EVENING REFLECTION

What are you celebrating today?

What can you improve upon?

How did your food make you feel?

What emotions did you feel when eating or after eating?

What would you like to remember about today that you can work on tomorrow?

Rate the day:					
Energy	1	2	3	4	5
Mood	1	2	3	4	5
Digestion	1	2	3	4	5
Bowel Movements	1	2	3	4	5

WEEK 1 • DAY 2

DATE _____ M T W T F S S

MORNING MINDFULNESS

Today's goals and intentions: _____

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

HEALTHY HABITS

Breakfast _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Snack _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Lunch _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Snack _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Dinner _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Water 
Oz. 

Shakeology
☐ Y ☐ N



Flavor/Ingredients: _____

EXERCISE:

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

How did you improve over the previous day's workout?

Rate your attitude about:					
Body	1	2	3	4	5
Nutrition	1	2	3	4	5
Energy	1	2	3	4	5

EVENING REFLECTION

What are you celebrating today?

What can you improve upon?

How did your food make you feel?

What emotions did you feel when eating or after eating?

What would you like to remember about today that you can work on tomorrow?

Rate the day:					
Energy	1	2	3	4	5
Mood	1	2	3	4	5
Digestion	1	2	3	4	5
Bowel Movements	1	2	3	4	5

WEEK 1 • DAY 3

DATE _____ M T W T F S S

MORNING MINDFULNESS

Today's goals and intentions: _____

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

HEALTHY HABITS

Breakfast _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Snack _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Lunch _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Snack _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Dinner _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Water 
Oz. 

Shakeology
☐ Y ☐ N



Flavor/Ingredients: _____

EXERCISE:

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

How did you improve over the previous day's workout?

Rate your attitude about:					
Body	1	2	3	4	5
Nutrition	1	2	3	4	5
Energy	1	2	3	4	5

EVENING REFLECTION

What are you celebrating today?

What can you improve upon?

How did your food make you feel?

What emotions did you feel when eating or after eating?

What would you like to remember about today that you can work on tomorrow?

Rate the day:					
Energy	1	2	3	4	5
Mood	1	2	3	4	5
Digestion	1	2	3	4	5
Bowel Movements	1	2	3	4	5

WEEK 1 • DAY 4

DATE _____ M T W T F S S

MORNING MINDFULNESS

Today's goals and intentions: _____

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

HEALTHY HABITS

Breakfast _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Snack _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Lunch _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Snack _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Dinner _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Water 
Oz. 

Shakeology
☐ Y ☐ N



Flavor/Ingredients: _____

EXERCISE:

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

How did you improve over the previous day's workout?

Rate your attitude about:					
Body	1	2	3	4	5
Nutrition	1	2	3	4	5
Energy	1	2	3	4	5

EVENING REFLECTION

What are you celebrating today?

What can you improve upon?

How did your food make you feel?

What emotions did you feel when eating or after eating?

What would you like to remember about today that you can work on tomorrow?

Rate the day:					
Energy	1	2	3	4	5
Mood	1	2	3	4	5
Digestion	1	2	3	4	5
Bowel Movements	1	2	3	4	5

WEEK 1 • DAY 5

DATE _____ M T W T F S S

MORNING MINDFULNESS

Today's goals and intentions: _____

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

HEALTHY HABITS

Breakfast _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Snack _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Lunch _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Snack _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Dinner _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Water 

Oz. 

Shakeology

☐ Y ☐ N



Flavor/Ingredients: _____

EXERCISE:

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

How did you improve over the previous day's workout?

Rate your attitude about:					
Body	1	2	3	4	5
Nutrition	1	2	3	4	5
Energy	1	2	3	4	5

EVENING REFLECTION

What are you celebrating today?

What can you improve upon?

How did your food make you feel?

What emotions did you feel when eating or after eating?

What would you like to remember about today that you can work on tomorrow?

Rate the day:					
Energy	1	2	3	4	5
Mood	1	2	3	4	5
Digestion	1	2	3	4	5
Bowel Movements	1	2	3	4	5

WEEK 1 • DAY 6

DATE _____ M T W T F S S

MORNING MINDFULNESS

Today's goals and intentions: _____

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

HEALTHY HABITS

Breakfast _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Snack _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Lunch _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Snack _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Dinner _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Water 
Oz. 

Shakeology
☐ Y ☐ N



Flavor/Ingredients: _____

EXERCISE:

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

How did you improve over the previous day's workout?

Rate your attitude about:					
Body	1	2	3	4	5
Nutrition	1	2	3	4	5
Energy	1	2	3	4	5

EVENING REFLECTION

What are you celebrating today?

What can you improve upon?

How did your food make you feel?

What emotions did you feel when eating or after eating?

What would you like to remember about today that you can work on tomorrow?

Rate the day:					
Energy	1	2	3	4	5
Mood	1	2	3	4	5
Digestion	1	2	3	4	5
Bowel Movements	1	2	3	4	5

WEEK 1 • DAY 7

DATE _____ M T W T F S S

MORNING MINDFULNESS

Today's goals and intentions: _____

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

HEALTHY HABITS

Breakfast _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Snack _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Lunch _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Snack _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Dinner _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Water 
Oz. 

Shakeology
☐ Y ☐ N



Flavor/Ingredients: _____

EXERCISE:

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

How did you improve over the previous day's workout?

Rate your attitude about:					
Body	1	2	3	4	5
Nutrition	1	2	3	4	5
Energy	1	2	3	4	5

EVENING REFLECTION

What are you celebrating today?

What can you improve upon?

How did your food make you feel?

What emotions did you feel when eating or after eating?

What would you like to remember about today that you can work on tomorrow?

Rate the day:					
Energy	1	2	3	4	5
Mood	1	2	3	4	5
Digestion	1	2	3	4	5
Bowel Movements	1	2	3	4	5

WEEK 1 REFLECTIONS

Think about this past week. Take a few minutes to write down everything that comes to mind, including what you nailed, and what almost did you in. Are you closer to your goals?

Don't diet.
Eat according
to your
goals.



WEEK 2 FOCUS

As you now know, I created this program to give you the tools to help you take control of your food once and for all. It's also about living a healthy lifestyle, which includes regular exercise. Now that you're getting used to using the portion-control containers for all your meals and snacks, let's talk about your fitness. If you're not yet a member, I hope you've checked out Beachbody On Demand and explored all the different workouts and programs. Don't forget to take your Week 2 photo!

Are you currently following an exercise program?

If yes, what do you like about it?

If no, are you interested in starting a program?

What type of fitness do you enjoy?

How many days a week do you or are you willing
to commit to exercise?

How many minutes a day do you exercise?

What do you want to focus on in your workout?

How does exercising make you feel?

What are your fitness goals?

Here are a few of my programs on Beachbody On Demand.



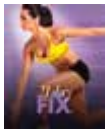
9 Week Control Freak

Take control of your life with a combo of fitness, nutrition & rest.



80 Day Obsession

This is abs, booty, and total body over 80 days.



21 Day Fix

Simple fitness combined with simple eating for fast results.



Country Heat®

Turn it up, have fun, and burn off the weight in this line dancing-inspired program.



21 Day Fix EXTREME

Crazy-good results in 21 days when you're ready to get serious.



The Master's Hammer and Chisel®

This will build your incredible body in just 60 days.

WEEK 2 • DAY 1

DATE _____ M T W T F S S

MORNING MINDFULNESS

Today's goals and intentions: _____

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

HEALTHY HABITS

Breakfast _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Snack _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Lunch _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Snack _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Dinner _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Water 
Oz. 

Shakeology
☐ Y ☐ N



Flavor/Ingredients: _____

EXERCISE:

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

How did you improve over the previous day's workout?

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Energy	1	2	3	4	5

EVENING REFLECTION

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What can you improve upon?

How did your food make you feel?

What emotions did you feel when eating or after eating?

What would you like to remember about today that you can work on tomorrow?

Rate the day:					
Energy	1	2	3	4	5
Mood	1	2	3	4	5
Digestion	1	2	3	4	5
Bowel Movements	1	2	3	4	5

WEEK 2 • DAY 2

DATE _____ M T W T F S S

MORNING MINDFULNESS

Today's goals and intentions: _____

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

HEALTHY HABITS

Breakfast _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Snack _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Lunch _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Snack _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Dinner _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Water 
Oz. 

Shakeology

☐ Y ☐ N



Flavor/Ingredients: _____

EXERCISE:

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

How did you improve over the previous day's workout?

Rate your attitude about:					
Body	1	2	3	4	5
Nutrition	1	2	3	4	5
Energy	1	2	3	4	5

EVENING REFLECTION

What are you celebrating today?

What can you improve upon?

How did your food make you feel?

What emotions did you feel when eating or after eating?

What would you like to remember about today that you can work on tomorrow?

Rate the day:					
Energy	1	2	3	4	5
Mood	1	2	3	4	5
Digestion	1	2	3	4	5
Bowel Movements	1	2	3	4	5

WEEK 2 • DAY 3

DATE _____ M T W T F S S

MORNING MINDFULNESS

Today's goals and intentions: _____

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

HEALTHY HABITS

Breakfast _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Snack _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Lunch _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Snack _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Dinner _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Water 
Oz. 

Shakeology

☐ Y ☐ N



Flavor/Ingredients: _____

EXERCISE:

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

How did you improve over the previous day's workout?

Rate your attitude about:					
Body	1	2	3	4	5
Nutrition	1	2	3	4	5
Energy	1	2	3	4	5

EVENING REFLECTION

What are you celebrating today?

What can you improve upon?

How did your food make you feel?

What emotions did you feel when eating or after eating?

What would you like to remember about today that you can work on tomorrow?

Rate the day:					
Energy	1	2	3	4	5
Mood	1	2	3	4	5
Digestion	1	2	3	4	5
Bowel Movements	1	2	3	4	5

WEEK 2 • DAY 4

DATE _____ M T W T F S S

MORNING MINDFULNESS

Today's goals and intentions: _____

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

HEALTHY HABITS

Breakfast _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Snack _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Lunch _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Snack _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Dinner _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Water 
Oz. 

Shakeology

☐ Y ☐ N



Flavor/Ingredients: _____

EXERCISE:

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

How did you improve over the previous day's workout?

Rate your attitude about:					
Body	1	2	3	4	5
Nutrition	1	2	3	4	5
Energy	1	2	3	4	5

EVENING REFLECTION

What are you celebrating today?

What can you improve upon?

How did your food make you feel?

What emotions did you feel when eating or after eating?

What would you like to remember about today that you can work on tomorrow?

Rate the day:					
Energy	1	2	3	4	5
Mood	1	2	3	4	5
Digestion	1	2	3	4	5
Bowel Movements	1	2	3	4	5

WEEK 2 • DAY 5

DATE _____ M T W T F S S

MORNING MINDFULNESS

Today's goals and intentions: _____

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

HEALTHY HABITS

Breakfast _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Snack _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Lunch _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Snack _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Dinner _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Water 

Oz. 

Shakeology

☐ Y ☐ N



Flavor/Ingredients: _____

EXERCISE:

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

How did you improve over the previous day's workout?

Rate your attitude about:					
Body	1	2	3	4	5
Nutrition	1	2	3	4	5
Energy	1	2	3	4	5

EVENING REFLECTION

What are you celebrating today?

What can you improve upon?

How did your food make you feel?

What emotions did you feel when eating or after eating?

What would you like to remember about today that you can work on tomorrow?

Rate the day:					
Energy	1	2	3	4	5
Mood	1	2	3	4	5
Digestion	1	2	3	4	5
Bowel Movements	1	2	3	4	5

WEEK 2 • DAY 6

DATE _____ M T W T F S S

MORNING MINDFULNESS

Today's goals and intentions: _____

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

HEALTHY HABITS

Breakfast _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Snack _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Lunch _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Snack _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Dinner _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Water 
Oz. 

Shakeology

☐ Y ☐ N



Flavor/Ingredients: _____

EXERCISE:

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

How did you improve over the previous day's workout?

Rate your attitude about:					
Body	1	2	3	4	5
Nutrition	1	2	3	4	5
Energy	1	2	3	4	5

EVENING REFLECTION

What are you celebrating today?

What can you improve upon?

How did your food make you feel?

What emotions did you feel when eating or after eating?

What would you like to remember about today that you can work on tomorrow?

Rate the day:					
Energy	1	2	3	4	5
Mood	1	2	3	4	5
Digestion	1	2	3	4	5
Bowel Movements	1	2	3	4	5

WEEK 2 • DAY 7

DATE _____ M T W T F S S

MORNING MINDFULNESS

Today's goals and intentions: _____

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

HEALTHY HABITS

Breakfast _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Snack _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Lunch _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Snack _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Dinner _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Water 
Oz. 

Shakeology

☐ Y ☐ N



Flavor/Ingredients: _____

EXERCISE:

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

How did you improve over the previous day's workout?

Rate your attitude about:					
Body	1	2	3	4	5
Nutrition	1	2	3	4	5
Energy	1	2	3	4	5

EVENING REFLECTION

What are you celebrating today?

What can you improve upon?

How did your food make you feel?

What emotions did you feel when eating or after eating?

What would you like to remember about today that you can work on tomorrow?

Rate the day:					
Energy	1	2	3	4	5
Mood	1	2	3	4	5
Digestion	1	2	3	4	5
Bowel Movements	1	2	3	4	5

WEEK 2 REFLECTIONS

[illegible]



Surround yourself
with like-minded
people and you
will succeed.

WEEK 3 FOCUS

As I said at the beginning of this book, it's all about progress, not perfection. And there's no better reminder of that than the fact that you're already on Week 3 of this program. Let's keep it going. Since this journey is about progress, this week let's focus on that. Before we get any further, I want you to take a minute and think back to the days before you started this program. Think about when you wrote down your measurements and took that Week 1 photo. Then think about how far you've already come.

What are three ways you've made progress that you're most proud of?

Have you been making all your meals from the Food Lists?

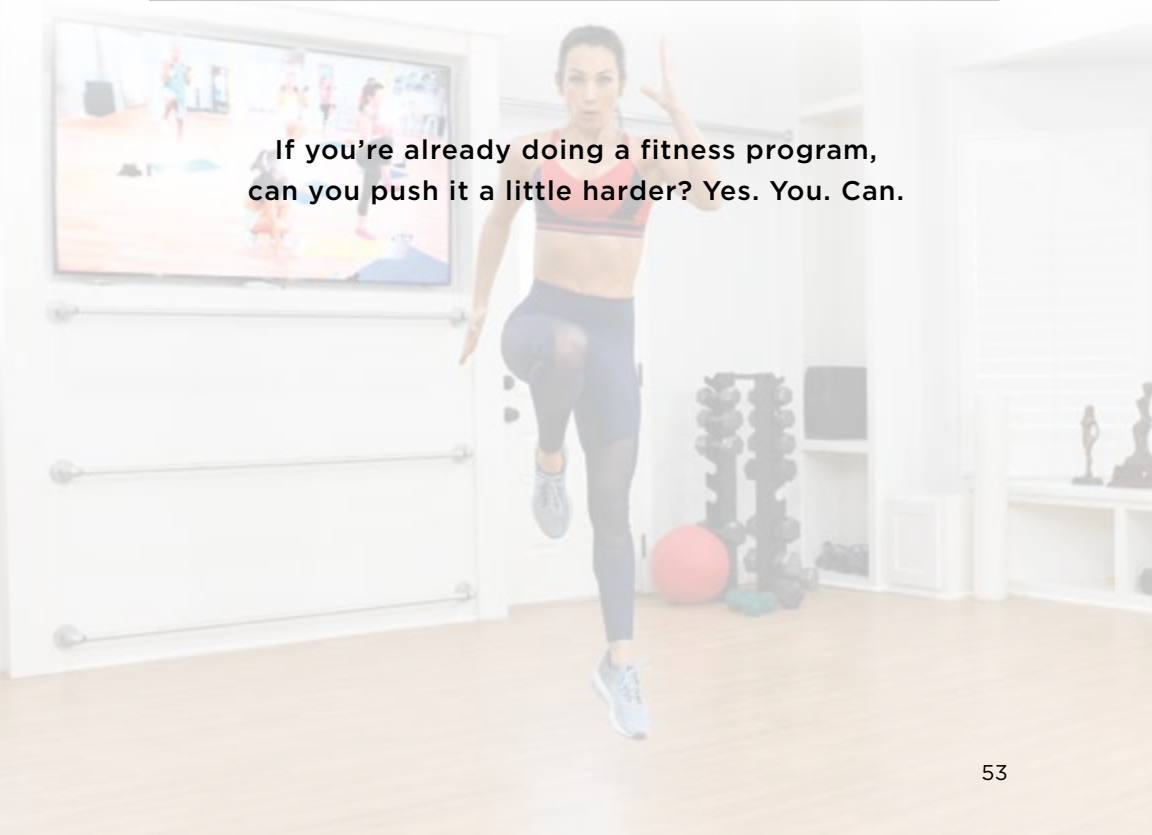
Have you explored FIXATE® on Beachbody On Demand or looked through the FIXATE Volume 2 cookbook for recipe ideas?

Which recipes are your favorites?

Have you been eating the same vegetables over and over? If yes,
which 3 new vegetables are you going to try this week?

Have you noticed discomfort or bloating from a certain food?
Let's eliminate it this week and see how you feel.

Have you started your fitness routine that I asked you about last week?



**If you're already doing a fitness program,
can you push it a little harder? Yes. You. Can.**

WEEK 3 • DAY 1

DATE _____ M T W T F S S

MORNING MINDFULNESS

Today's goals and intentions: _____

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

HEALTHY HABITS

Breakfast _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Snack _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Lunch _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Snack _____

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Dinner _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Water 
Oz. 

Shakeology
☐ Y ☐ N



Flavor/Ingredients: _____

EXERCISE:

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

How did you improve over the previous day's workout?

Rate your attitude about:					
Body	1	2	3	4	5
Nutrition	1	2	3	4	5
Energy	1	2	3	4	5

EVENING REFLECTION

What are you celebrating today?

What can you improve upon?

How did your food make you feel?

What emotions did you feel when eating or after eating?

What would you like to remember about today that you can work on tomorrow?

Rate the day:					
Energy	1	2	3	4	5
Mood	1	2	3	4	5
Digestion	1	2	3	4	5
Bowel Movements	1	2	3	4	5

WEEK 3 • DAY 2

DATE _____ M T W T F S S

MORNING MINDFULNESS

Today's goals and intentions: _____

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

HEALTHY HABITS

Breakfast _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Snack _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Lunch _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Snack _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Dinner _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Water 
Oz. 

Shakeology

☐ Y ☐ N



Flavor/Ingredients: _____

EXERCISE:

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

How did you improve over the previous day's workout?

Rate your attitude about:					
Body	1	2	3	4	5
Nutrition	1	2	3	4	5
Energy	1	2	3	4	5

EVENING REFLECTION

What are you celebrating today?

What can you improve upon?

How did your food make you feel?

What emotions did you feel when eating or after eating?

What would you like to remember about today that you can work on tomorrow?

Rate the day:					
Energy	1	2	3	4	5
Mood	1	2	3	4	5
Digestion	1	2	3	4	5
Bowel Movements	1	2	3	4	5

WEEK 3 • DAY 3

DATE _____ M T W T F S S

MORNING MINDFULNESS

Today's goals and intentions: _____

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

HEALTHY HABITS

Breakfast _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Snack _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Lunch _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Snack _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Dinner _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Water 
Oz. 

Shakeology
☐ Y ☐ N



Flavor/Ingredients: _____

EXERCISE:

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

How did you improve over the previous day's workout?

Rate your attitude about:					
Body	1	2	3	4	5
Nutrition	1	2	3	4	5
Energy	1	2	3	4	5

EVENING REFLECTION

What are you celebrating today?

What can you improve upon?

How did your food make you feel?

What emotions did you feel when eating or after eating?

What would you like to remember about today that you can work on tomorrow?

Rate the day:					
Energy	1	2	3	4	5
Mood	1	2	3	4	5
Digestion	1	2	3	4	5
Bowel Movements	1	2	3	4	5

WEEK 3 • DAY 4

DATE _____ M T W T F S S

MORNING MINDFULNESS

Today's goals and intentions: _____

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

HEALTHY HABITS

Breakfast _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Snack _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Lunch _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Snack _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Dinner _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Water 
Oz. 

Shakeology
☐ Y ☐ N



Flavor/Ingredients: _____

EXERCISE:

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

How did you improve over the previous day's workout?

Rate your attitude about:					
Body	1	2	3	4	5
Nutrition	1	2	3	4	5
Energy	1	2	3	4	5

EVENING REFLECTION

What are you celebrating today?

What can you improve upon?

How did your food make you feel?

What emotions did you feel when eating or after eating?

What would you like to remember about today that you can work on tomorrow?

Rate the day:					
Energy	1	2	3	4	5
Mood	1	2	3	4	5
Digestion	1	2	3	4	5
Bowel Movements	1	2	3	4	5

WEEK 3 • DAY 5

DATE _____ M T W T F S S

MORNING MINDFULNESS

Today's goals and intentions: _____

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

HEALTHY HABITS

Breakfast _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Snack _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Lunch _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Snack _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Dinner _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Water 
Oz. 

Shakeology
☐ Y ☐ N



Flavor/Ingredients: _____

EXERCISE:

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

How did you improve over the previous day's workout?

Rate your attitude about:					
Body	1	2	3	4	5
Nutrition	1	2	3	4	5
Energy	1	2	3	4	5

EVENING REFLECTION

What are you celebrating today?

What can you improve upon?

How did your food make you feel?

What emotions did you feel when eating or after eating?

What would you like to remember about today that you can work on tomorrow?

Rate the day:					
Energy	1	2	3	4	5
Mood	1	2	3	4	5
Digestion	1	2	3	4	5
Bowel Movements	1	2	3	4	5

WEEK 3 • DAY 6

DATE _____ M T W T F S S

MORNING MINDFULNESS

Today's goals and intentions: _____

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

HEALTHY HABITS

Breakfast _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Snack _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Lunch _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Snack _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Dinner _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Water 
Oz. 

Shakeology

☐ Y ☐ N



Flavor/Ingredients: _____

EXERCISE:

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

How did you improve over the previous day's workout?

Rate your attitude about:					
Body	1	2	3	4	5
Nutrition	1	2	3	4	5
Energy	1	2	3	4	5

EVENING REFLECTION

What are you celebrating today?

What can you improve upon?

How did your food make you feel?

What emotions did you feel when eating or after eating?

What would you like to remember about today that you can work on tomorrow?

Rate the day:					
Energy	1	2	3	4	5
Mood	1	2	3	4	5
Digestion	1	2	3	4	5
Bowel Movements	1	2	3	4	5

WEEK 3 • DAY 7

DATE _____ M T W T F S S

MORNING MINDFULNESS

Today's goals and intentions: _____

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

HEALTHY HABITS

Breakfast _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Snack _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Lunch _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Snack _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Dinner _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Water 
Oz. 

Shakeology
☐ Y ☐ N



Flavor/Ingredients: _____

EXERCISE:

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

How did you improve over the previous day's workout?

Rate your attitude about:					
Body	1	2	3	4	5
Nutrition	1	2	3	4	5
Energy	1	2	3	4	5

EVENING REFLECTION

What are you celebrating today?

What can you improve upon?

How did your food make you feel?

What emotions did you feel when eating or after eating?

What would you like to remember about today that you can work on tomorrow?

Rate the day:					
Energy	1	2	3	4	5
Mood	1	2	3	4	5
Digestion	1	2	3	4	5
Bowel Movements	1	2	3	4	5

WEEK 3 REFLECTIONS

So often, we keep our bad habits because they're imprinted into our routine. Good habits and practices can work the same way. Let's reflect on the good habits that have taken hold with you.

Don't cheat.
You're only cheating
yourself.



WEEK 4 FOCUS

We all have an emotional connection to food. When we're stressed, we eat. When we're depressed, bored, or anxious, we eat. Even when we're celebrating, we eat. This week is all about getting in touch with your feelings tied to food and recognizing that emotional life moments can lead to emotional eating—and more likely, unhealthful eating. We need to break that cycle and give you back control of your nutrition and health.

How do you use food to deal with your emotions?

What kinds of situations are triggers for your emotional eating?

What other tools can you think of that would be better than food to deal with your emotions?

Promise to self: If I'm feeling sad, anxious, nervous, bored, I will...

What other activities can you think of to combat these emotional triggers?



WEEK 4 • DAY 1

DATE _____ M T W T F S S

MORNING MINDFULNESS

Today's goals and intentions: _____

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

HEALTHY HABITS

Breakfast _____

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Snack _____

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Lunch _____

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Snack _____

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Dinner _____

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Water 
Oz. 

Shakeology
☐ Y ☐ N



Flavor/Ingredients: _____

EXERCISE:

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

How did you improve over the previous day's workout?

Rate your attitude about:					
Body	1	2	3	4	5
Nutrition	1	2	3	4	5
Energy	1	2	3	4	5

EVENING REFLECTION

What are you celebrating today?

What can you improve upon?

How did your food make you feel?

What emotions did you feel when eating or after eating?

What would you like to remember about today that you can work on tomorrow?

Rate the day:					
Energy	1	2	3	4	5
Mood	1	2	3	4	5
Digestion	1	2	3	4	5
Bowel Movements	1	2	3	4	5

WEEK 4 • DAY 2

DATE _____ M T W T F S S

MORNING MINDFULNESS

Today's goals and intentions: _____

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

HEALTHY HABITS

Breakfast _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Snack _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Lunch _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Snack _____

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Dinner _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Water 
Oz. 

Shakeology

☐ Y ☐ N



Flavor/Ingredients: _____

EXERCISE:

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

How did you improve over the previous day's workout?

Rate your attitude about:					
Body	1	2	3	4	5
Nutrition	1	2	3	4	5
Energy	1	2	3	4	5

EVENING REFLECTION

What are you celebrating today?

What can you improve upon?

How did your food make you feel?

What emotions did you feel when eating or after eating?

What would you like to remember about today that you can work on tomorrow?

Rate the day:					
Energy	1	2	3	4	5
Mood	1	2	3	4	5
Digestion	1	2	3	4	5
Bowel Movements	1	2	3	4	5

WEEK 4 • DAY 3

DATE _____ M T W T F S S

MORNING MINDFULNESS

Today's goals and intentions: _____

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

HEALTHY HABITS

Breakfast _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Snack _____

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Lunch _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Snack _____

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Dinner _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Water 
Oz. 

Shakeology

☐ Y ☐ N



Flavor/Ingredients: _____

EXERCISE:

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

How did you improve over the previous day's workout?

Rate your attitude about:					
Body	1	2	3	4	5
Nutrition	1	2	3	4	5
Energy	1	2	3	4	5

EVENING REFLECTION

What are you celebrating today?

What can you improve upon?

How did your food make you feel?

What emotions did you feel when eating or after eating?

What would you like to remember about today that you can work on tomorrow?

Rate the day:					
Energy	1	2	3	4	5
Mood	1	2	3	4	5
Digestion	1	2	3	4	5
Bowel Movements	1	2	3	4	5

WEEK 4 • DAY 4

DATE _____ M T W T F S S

MORNING MINDFULNESS

Today's goals and intentions: _____

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

HEALTHY HABITS

Breakfast _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Snack _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Lunch _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Snack _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Dinner _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Water  Oz. 

Shakeology  Flavor/Ingredients: _____

☐ Y ☐ N

EXERCISE:

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

How did you improve over the previous day's workout?

Rate your attitude about:					
Body	1	2	3	4	5
Nutrition	1	2	3	4	5
Energy	1	2	3	4	5

EVENING REFLECTION

What are you celebrating today?

What can you improve upon?

How did your food make you feel?

What emotions did you feel when eating or after eating?

What would you like to remember about today that you can work on tomorrow?

Rate the day:					
Energy	1	2	3	4	5
Mood	1	2	3	4	5
Digestion	1	2	3	4	5
Bowel Movements	1	2	3	4	5

WEEK 4 • DAY 5

DATE _____ M T W T F S S

MORNING MINDFULNESS

Today's goals and intentions: _____

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

HEALTHY HABITS

Breakfast _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Snack _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Lunch _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Snack _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Dinner _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Water 
Oz. 

Shakeology
☐ Y ☐ N



Flavor/Ingredients: _____

EXERCISE:

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

How did you improve over the previous day's workout?

Rate your attitude about:					
Body	1	2	3	4	5
Nutrition	1	2	3	4	5
Energy	1	2	3	4	5

EVENING REFLECTION

What are you celebrating today?

What can you improve upon?

How did your food make you feel?

What emotions did you feel when eating or after eating?

What would you like to remember about today that you can work on tomorrow?

Rate the day:					
Energy	1	2	3	4	5
Mood	1	2	3	4	5
Digestion	1	2	3	4	5
Bowel Movements	1	2	3	4	5

WEEK 4 • DAY 6

DATE _____ M T W T F S S

MORNING MINDFULNESS

Today's goals and intentions: _____

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

HEALTHY HABITS

Breakfast _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Snack _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Lunch _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Snack _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Dinner _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Water  Oz. 

Shakeology  Flavor/Ingredients: _____

☐ Y ☐ N

EXERCISE:

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

How did you improve over the previous day's workout?

Rate your attitude about:					
Body	1	2	3	4	5
Nutrition	1	2	3	4	5
Energy	1	2	3	4	5

EVENING REFLECTION

What are you celebrating today?

What can you improve upon?

How did your food make you feel?

What emotions did you feel when eating or after eating?

What would you like to remember about today that you can work on tomorrow?

Rate the day:					
Energy	1	2	3	4	5
Mood	1	2	3	4	5
Digestion	1	2	3	4	5
Bowel Movements	1	2	3	4	5

WEEK 4 • DAY 7

DATE _____ M T W T F S S

MORNING MINDFULNESS

Today's goals and intentions: _____

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

HEALTHY HABITS

Breakfast _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Snack _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Lunch _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Snack _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Dinner _____

☐ ☐ ☐ ☐ ☐ ☐ ☐

Water 

Oz. 

Shakeology

☐ Y ☐ N



Flavor/Ingredients: _____

EXERCISE:

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

How did you improve over the previous day's workout?

Rate your attitude about:					
Body	1	2	3	4	5
Nutrition	1	2	3	4	5
Energy	1	2	3	4	5

EVENING REFLECTION

What are you celebrating today?

What can you improve upon?

How did your food make you feel?

What emotions did you feel when eating or after eating?

What would you like to remember about today that you can work on tomorrow?

Rate the day:					
Energy	1	2	3	4	5
Mood	1	2	3	4	5
Digestion	1	2	3	4	5
Bowel Movements	1	2	3	4	5

WEEK 4 REFLECTIONS

Endings and beginnings. That's this week's reflection. Now that you've completed 4 weeks of the Portion Fix, I want you to think about how you're going to harness this moment into an ongoing commitment. Are you ready to make this a lifestyle? What goals would you like to set for the next 30 days? 60 days? 6 months?

Set big goals
but achieve
them with
small
commitments.



MEAL TRACKING WITH YOUR KIDS

What I love most about this program is that it works for everyone in the house. How you approach food and eating will shape your kids' attitudes toward food as well. Use these sheets to help them track their container use—they work the same as they do for you. For more information on kids and the Portion Fix, check out Video 12 - Kids Fix, in Rail 3 on BOD.

CALORIE TARGET:

☐ GREEN ☐ PURPLE ☐ RED ☐ YELLOW ☐ BLUE ☐ ORANGE ☐ TEASPOON

WEEK 1 • DAY 1:

BREAKFAST:



SNACK:



LUNCH:



SNACK:



DINNER:



WATER:



WEEK 1 • DAY 2:

BREAKFAST:



SNACK:



LUNCH:



SNACK:



DINNER:



WATER:



WEEK 1 • DAY 3:

BREAKFAST:



SNACK:



LUNCH:



SNACK:



DINNER:



WATER:



MEAL TRACKING WITH YOUR KIDS

WEEK 1 • DAY 4:	
BREAKFAST:	
SNACK:	
LUNCH:	
SNACK:	
DINNER:	
WATER:	

WEEK 1 • DAY 5:	
BREAKFAST:	
SNACK:	
LUNCH:	
SNACK:	
DINNER:	
WATER:	

WEEK 1 • DAY 6:

BREAKFAST:



SNACK:



LUNCH:



SNACK:



DINNER:



WATER:



WEEK 1 • DAY 7:

BREAKFAST:



SNACK:



LUNCH:



SNACK:



DINNER:



WATER:



MEAL TRACKING WITH YOUR KIDS

CALORIE TARGET:	
GREEN PURPLE RED YELLOW BLUE ORANGE TEASPOON	

WEEK 2 • DAY 1:	
BREAKFAST:	
SNACK:	
LUNCH:	
SNACK:	
DINNER:	
WATER:	

WEEK 2 • DAY 2:

BREAKFAST:



SNACK:



LUNCH:



SNACK:



DINNER:



WATER:



WEEK 2 • DAY 3:

BREAKFAST:



SNACK:



LUNCH:



SNACK:



DINNER:



WATER:



MEAL TRACKING WITH YOUR KIDS

WEEK 2 • DAY 4:	
BREAKFAST:	
SNACK:	
LUNCH:	
SNACK:	
DINNER:	
WATER:	

WEEK 2 • DAY 5:	
BREAKFAST:	
SNACK:	
LUNCH:	
SNACK:	
DINNER:	
WATER:	

WEEK 2 • DAY 6:

BREAKFAST:



SNACK:



LUNCH:



SNACK:



DINNER:



WATER:



WEEK 2 • DAY 7:

BREAKFAST:



SNACK:



LUNCH:



SNACK:



DINNER:



WATER:



MEAL TRACKING WITH YOUR KIDS

CALORIE TARGET:	
GREEN PURPLE RED YELLOW BLUE ORANGE TEASPOON	

WEEK 3 • DAY 1:	
BREAKFAST:	
SNACK:	
LUNCH:	
SNACK:	
DINNER:	
WATER:	

WEEK 3 • DAY 2:

BREAKFAST:



SNACK:



LUNCH:



SNACK:



DINNER:



WATER:



WEEK 3 • DAY 3:

BREAKFAST:



SNACK:



LUNCH:



SNACK:



DINNER:



WATER:



MEAL TRACKING WITH YOUR KIDS

WEEK 3 • DAY 4:	
BREAKFAST:	
SNACK:	
LUNCH:	
SNACK:	
DINNER:	
WATER:	

WEEK 3 • DAY 5:	
BREAKFAST:	
SNACK:	
LUNCH:	
SNACK:	
DINNER:	
WATER:	

WEEK 3 • DAY 6:

BREAKFAST:



SNACK:



LUNCH:



SNACK:



DINNER:



WATER:



WEEK 3 • DAY 7:

BREAKFAST:



SNACK:



LUNCH:



SNACK:



DINNER:



WATER:



MEAL TRACKING WITH YOUR KIDS

CALORIE TARGET:						
☐ GREEN	☐ PURPLE	☐ RED	☐ YELLOW	☐ BLUE	☐ ORANGE	☐ TEASPOON

WEEK 4 • DAY 1:	
BREAKFAST:	☐ ☐ ☐ ☐ ☐ ☐ ☐
SNACK:	☐ ☐ ☐ ☐ ☐ ☐ ☐
LUNCH:	☐ ☐ ☐ ☐ ☐ ☐ ☐
SNACK:	☐ ☐ ☐ ☐ ☐ ☐ ☐
DINNER:	☐ ☐ ☐ ☐ ☐ ☐ ☐
WATER:	☐ ☐ ☐ ☐ ☐ ☐ ☐

WEEK 4 • DAY 2:

BREAKFAST:



SNACK:



LUNCH:



SNACK:



DINNER:



WATER:



WEEK 4 • DAY 3:

BREAKFAST:



SNACK:



LUNCH:



SNACK:



DINNER:



WATER:



MEAL TRACKING WITH YOUR KIDS

WEEK 4 • DAY 4:	
BREAKFAST:	
SNACK:	
LUNCH:	
SNACK:	
DINNER:	
WATER:	

WEEK 4 • DAY 5:	
BREAKFAST:	
SNACK:	
LUNCH:	
SNACK:	
DINNER:	
WATER:	

WEEK 4 • DAY 6:

BREAKFAST:



SNACK:



LUNCH:



SNACK:



DINNER:



WATER:



WEEK 4 • DAY 7:

BREAKFAST:



SNACK:



LUNCH:



SNACK:



DINNER:



WATER:



NEXT STEPS

Congratulations on finishing the Portion Fix! Although these 30 days are done, there's a whole road in front of you. This isn't a diet; it's a lifestyle. It's all about getting control and keeping control of your food and eating. Here are a few next steps:

Keep going with everything you've learned

Success is an all-day, everyday proposition.

Rewatch the videos

You might be surprised what you discover that's new to you.

Explore new foods from the Food Lists and recipes from FIXATE

Variety will keep you happy.

Keep going with your fitness

A healthy body is a happy body.

Think about the process

You know you can so keep doing it.

Remember to stay positive

There's no better motivator than a good mood.

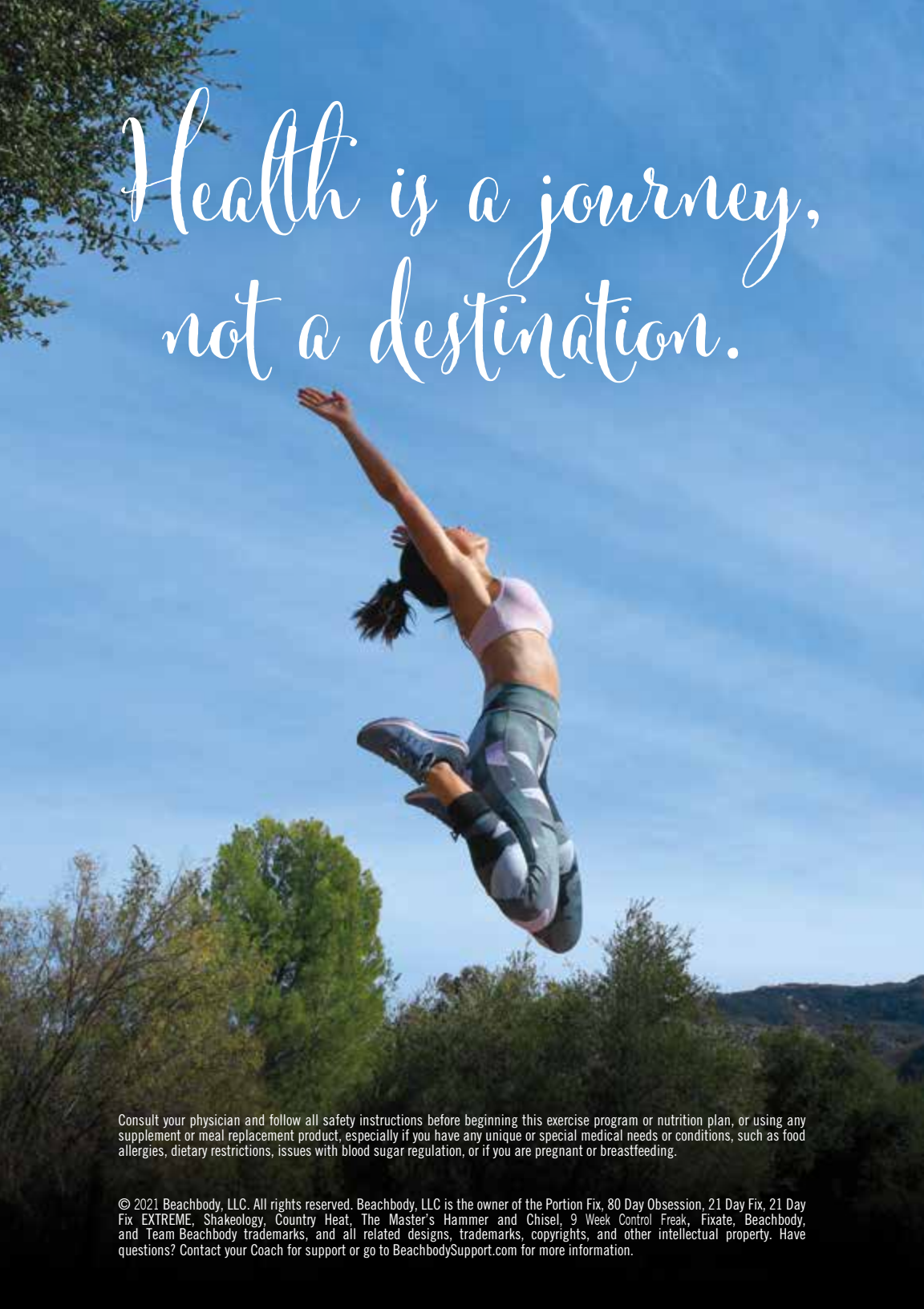
Spread the word

Chances are you know someone who can learn these powerful tools too.

Be grateful

You've put in a lot of hard work, and you need to thank yourself for showing up and doing it.



A woman in athletic wear is captured mid-jump, reaching upwards with her arms extended. She is wearing a light purple sports bra and patterned leggings. The background is a clear blue sky with some green foliage visible at the bottom and left edges.

Health is a journey, not a destination.

Consult your physician and follow all safety instructions before beginning this exercise program or nutrition plan, or using any supplement or meal replacement product, especially if you have any unique or special medical needs or conditions, such as food allergies, dietary restrictions, issues with blood sugar regulation, or if you are pregnant or breastfeeding.

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