

BRAINSTORM:
Write down your meal ideas.

PREP:
What can you make ahead of time?

GROCERY LIST:
Look at your meal plan and shop for only the items you need.

MEAL PLAN: Organize your meals into specific days. Record your vitamin & water intake.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
BREAKFAST							
SNACK							
LUNCH							
SNACK							
DINNER							
VITAMINS DID YOU TAKE?	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
WATER RECORD YOUR INTAKE	_____ OZ	_____ OZ	_____ OZ	_____ OZ	_____ OZ	_____ OZ	_____ OZ