

PART 1

PART 2

	BREAKFAST	SNACK	LUNCH	SNACK	DINNER	OUNCES OF WATER FOR THE DAY	EXERCISE*
<b>DAY 1</b> A.M. Weight _____	1P: 1V: 1F: 1G or CC:	1F:	1P: 2V: 1F:	1F:	1P: 1V: 1CC:	1/2 body weight in ounces	<input type="checkbox"/> Cardio <input type="checkbox"/> MIE <input type="checkbox"/> Rest Day
<b>DAY 2</b> A.M. Weight _____	1P: 1V: 1F: 1G or CC:	1F:	1P: 2V: 1F:	1F:	1P: 1V: 1CC:	1/2 body weight in ounces	<input type="checkbox"/> Cardio <input type="checkbox"/> MIE <input type="checkbox"/> Rest Day
<b>DAY 3</b> A.M. Weight _____	1P: 1V: 1F: 1G or CC:	1F:	1P: 2V: 1F:	1F:	1P: 1V: 1CC:	1/2 body weight in ounces	<input type="checkbox"/> Cardio <input type="checkbox"/> MIE <input type="checkbox"/> Rest Day
<b>DAY 4</b> A.M. Weight _____	1P: 1V: 1F: 1G or CC:	1F:	1P: 2V: 1F:	1F:	1P: 1V: 1CC:	1/2 body weight in ounces	<input type="checkbox"/> Cardio <input type="checkbox"/> MIE <input type="checkbox"/> Rest Day
<b>DAY 5</b> A.M. Weight _____	1P: 1V: 1F:	1F: 1HF:	1P: 1V: 1HF:	1P: 1HF:	1P: 1V: 1HF:	1/2 body weight in ounces	<input type="checkbox"/> Cardio <input type="checkbox"/> MIE <input type="checkbox"/> Rest Day
<b>DAY 6</b> A.M. Weight _____	1P: 1V: 1F:	1F: 1HF:	1P: 1V: 1HF:	1P: 1HF:	1P: 1V: 1HF:	1/2 body weight in ounces	<input type="checkbox"/> Cardio <input type="checkbox"/> MIE <input type="checkbox"/> Rest Day
<b>DAY 7</b> A.M. Weight _____	1P: 1V: 1F:	1F: 1HF:	1P: 1V: 1HF:	1P: 1HF:	1P: 1V: 1HF:	1/2 body weight in ounces	<input type="checkbox"/> Cardio <input type="checkbox"/> MIE <input type="checkbox"/> Rest Day

All recipes can be found in the book *Metabolism Revolution*. \*Cardio: 3 to 4 times per week. \*MIE: minimum of 1 time per week.

**KEY: P = Protein, V = Veggie, CC = Complex Carbs, G = Grain, HF = Healthy Fat, F = Fruit**

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<b>DAY 1</b> A.M. Weight _____	1P: 1V: 1F: 1G or CC:	1F:	1P: 2V: 1F:	1F:	1P: 1V: 1CC:	1/2 body weight in ounces	<input type="checkbox"/> Cardio <input type="checkbox"/> MIE <input type="checkbox"/> Rest Day
<b>DAY 2</b> A.M. Weight _____	1P: 1V: 1F: 1G or CC:	1F:	1P: 2V: 1F:	1F:	1P: 1V: 1CC:	1/2 body weight in ounces	<input type="checkbox"/> Cardio <input type="checkbox"/> MIE <input type="checkbox"/> Rest Day
<b>DAY 3</b> A.M. Weight _____	1P: 1V: 1F: 1G or CC:	1F:	1P: 2V: 1F:	1F:	1P: 1V: 1CC:	1/2 body weight in ounces	<input type="checkbox"/> Cardio <input type="checkbox"/> MIE <input type="checkbox"/> Rest Day
<b>DAY 4</b> A.M. Weight _____	1P: 1V: 1F: 1G or CC:	1F:	1P: 2V: 1F:	1F:	1P: 1V: 1CC:	1/2 body weight in ounces	<input type="checkbox"/> Cardio <input type="checkbox"/> MIE <input type="checkbox"/> Rest Day
<b>DAY 5</b> A.M. Weight _____	1P: 1V: 1F:	1F: 1HF:	1P: 1V: 1HF:	1P: 1HF:	1P: 1V: 1HF:	1/2 body weight in ounces	<input type="checkbox"/> Cardio <input type="checkbox"/> MIE <input type="checkbox"/> Rest Day
<b>DAY 6</b> A.M. Weight _____	1P: 1V: 1F:	1F: 1HF:	1P: 1V: 1HF:	1P: 1HF:	1P: 1V: 1HF:	1/2 body weight in ounces	<input type="checkbox"/> Cardio <input type="checkbox"/> MIE <input type="checkbox"/> Rest Day
<b>DAY 7</b> A.M. Weight _____	1P: 1V: 1F:	1F: 1HF:	1P: 1V: 1HF:	1P: 1HF:	1P: 1V: 1HF:	1/2 body weight in ounces	<input type="checkbox"/> Cardio <input type="checkbox"/> MIE <input type="checkbox"/> Rest Day

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