

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

\*All recipes can be found in the book *Metabolism Revolution*.

\*Cardio: 2 to 3 times per week. \*Weights: 1 time per week. \*MIE: minimum of 1 time per week.

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

PART 1

PART 2

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

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