

	BREAKFAST	SNACK	LUNCH	SNACK	DINNER	OUNCES OF WATER FOR THE DAY	EXERCISE*
PART 1	DAY 1 A.M. Weight _____	2P: 2V: 1F: 1G or CC:	1P: 2V: 2F:	2F:	2P: 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
	DAY 2 A.M. Weight _____	2P: 2V: 1F: 1G or CC:	1P: 2V: 2F:	2F:	2P: 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
	DAY 3 A.M. Weight _____	2P: 2V: 1F: 1G or CC:	1F:	1P: 2V: 2F:	2F:	2P: 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
PART 2	DAY 4 A.M. Weight _____	2P: 2V: 1HF:	2P: 2V: 1HF:	1P: 1HF:	2P: 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
	DAY 5 A.M. Weight _____	2P: 2V: 1HF:	2P: 2V: 1HF:	1P: 1HF:	2P: 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
	DAY 6 A.M. Weight _____	2P: 2V: 1HF:	2P: 2V: 1HF:	1P: 1HF:	2P: 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
	DAY 7 A.M. Weight _____	2P: 2V: 1HF:	2P: 2V: 1HF:	1P: 1HF:	2P: 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: 2 times per week. *MIE: minimum of 2 times 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*
DAY 1 A.M. Weight _____	2P: 2V: 1F: 1G or CC:	1F:	1P: 2V: 2F:	2F:	2P: 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
DAY 2 A.M. Weight _____	2P: 2V: 1F: 1G or CC:	1F:	1P: 2V: 2F:	2F:	2P: 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
DAY 3 A.M. Weight _____	2P: 2V: 1F: 1G or CC:	1F:	1P: 2V: 2F:	2F:	2P: 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
DAY 4 A.M. Weight _____	2P: 2V: 1HF:	1P: 1HF:	2P: 2V: 1HF:	1P: 1HF:	2P: 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
DAY 5 A.M. Weight _____	2P: 2V: 1HF:	1P: 1HF:	2P: 2V: 1HF:	1P: 1HF:	2P: 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
DAY 6 A.M. Weight _____	2P: 2V: 1HF:	1P: 1HF:	2P: 2V: 1HF:	1P: 1HF:	2P: 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
DAY 7 A.M. Weight _____	2P: 2V: 1HF:	1P: 1HF:	2P: 2V: 1HF:	1P: 1HF:	2P: 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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