










Lean30[®] | Daily Tracker

SHOOT FOR 80% SUCCESS check 144 of 180 boxes

DATE	DAY							 Hours of Sleep
	01							
	02							
	03							
	04							
	05							
	06							
	07							
	08							
	09							
	10							
	11							
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	25							
	26							
	27							
	28							
	29							
	30							



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DAILY WINS



NUTRITION: Ate balanced meals/snacks, controlled portions, and avoided fried foods, refined carbs, sugar, etc.



FITNESS: Did at least 30 minutes of fitness



WATER: Met water goal (half your body weight # of ounces)



BEVERAGES: Drank IDLife products; avoided alcohol, sugary drinks, etc.



POSITIVE ACTION: Read or listened to something positive, and/or did an act of kindness



IDLIFE: Took IDLife Products: IDNutrition, Lifestyle, Vitamins, etc.



MORNING: Drank IDLife Energy



AFTERNOON: Drank IDLife Slim+



EVENING: Took 4 Lean before dinner



NURISHID: Replaced at least 1 meal with a total meal replacement shake (for first 15 days)



VITAMINS: Took my IDNutrition or Essentials Pack (Morning & Evening)



RECORD YOUR HOURS OF SLEEP EACH NIGHT

MEASUREMENTS

	DAY 1	DAY 15	DAY 30
WEIGHT	_____	_____	_____
WAIST	_____	_____	_____
CHEST	_____	_____	_____
HIPS	_____	_____	_____
ARMS	_____	_____	_____
THIGHS	_____	_____	_____
ENERGY (1-10)	_____	_____	_____
POSITIVE MOOD (1-10)	_____	_____	_____