

Setting Goals...	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Food Goal <i>(Ex. I will keep a food log every day for the next week)</i>							
Movement Goal <i>(Ex. I will hit a minimum of 10,000 steps a day for the next week)</i>							
Behavior Goal <i>(Ex. I will drink 64 fluid ounces of water daily for the next week)</i>							
Goal:							
Goal:							
Goal:							



Ready to try some meal planning?

Meal Plan	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Breakfast							
Snack							
Lunch							
Snack							
Dinner							
Optional Snack							

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Breakfast							
Snack							
Lunch							
Snack							
Dinner							
Optional Snack							



I was curious and thought we could all benefit from this insight☺

Beverage	Serving Size	Carbohydrate (grams)	Calories
Beer			
Regular Beer	12oz	13	150
Light Beer	12oz	5	100
Non-alcoholic Beer	12oz	12	60
Wine			
Dry White, Red, Rose	4oz	Trace	80
Sweet Wine	4oz	5	105
Wine Cooler	12oz	30	215
Sparkling Wine			
Champagne	4oz	4	100
Dessert Wine			
Sherry	2oz	2	74
Sweet Sherry, Port	2oz	7	90
Cordials, Liqueurs	1.5oz	18	160
Distilled Spirits			
80 Proof: Gin, Rum, Vodka, Whiskey, Scotch	1.5oz	Trace	100
Dry Brandy, Cognac	1oz	Trace	75
Cocktails			
Bloody Mary	5oz	5	116
Daiquiri	5oz	10	281
Gin and Tonic	7.5oz	16	170
Manhattan	2oz	2	178
Margarita	6oz	29	205
Pina Colada	4.5	32	245
Tom Collins	7.5	3	120
Whiskey Sour	3.5	14	162
Shooters			
Amaretto Sour	1.5oz	19	118
Fuzzy navel	1.5oz	7	120
Kamikazi	1.5oz	2	150
Mud Slide	1.5oz	17	160
Turbo	1.5oz	3	110
Mixers			
Tonic Water	4oz	11	41
Tomato Juice	4oz	5	25
Juice (pineapple, orange)	4oz	15	60

*USDA National Nutrient Database



Building Understanding & Insight

1. What is your “why”? (why do you care about starting this adventure together?)
2. Write down three good feelings you COULD take away from fitness or nutrition IF you allowed yourself to forget about weighing-in or measurements? (examples: feeling stronger, more energy, sleeping better, elevated mood).
3. When have you seen results, what helped you stay motivated?
4. Do you need to see results quickly in order to stay motivated?
5. Do you expect perfection out of everything you do? How do you feel about “good enough”?
6. How many hats do you wear in a day? Write down all of your responsibilities.
7. When you look back through phases of life, has there been a drastic change in your eating habits or movement?
8. Do you currently feel hopeless in being able to make (drastic enough) changes in food or fitness that it will even make a difference?

