

Date: \_\_\_\_\_

Water ○○○○○○○○○

CLO ○ Flax ○ WG ○○○○ S/C ○○○○

Sleep 6 7 8 9

Breathing ○○○ Foam Roller ○○ Foundations ○

Cardio 10 15 20 25

Strength 10 15 20 25

Meals ○○○○○

Weight \_\_\_\_\_ RHR \_\_\_\_\_ RBP \_\_\_\_\_