

# WEEK ONE

# TruHealth™ 30-Day Fat-Loss System Tracker

Stay accountable for your path to a healthy lifestyle with our easy-to-follow TruHealth 30-Day Fat-Loss System Tracker that keeps you on course.

	CLEANSE	NOURISH					
	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
BREAKFAST	<input type="checkbox"/> 1 TruPLENISH™ Shake	<input type="checkbox"/> 1 TruPLENISH Shake	<input type="checkbox"/> 1 TruPLENISH Shake	<input type="checkbox"/> 1 TruPLENISH Shake	<input type="checkbox"/> 1 TruPLENISH Shake	<input type="checkbox"/> 1 TruPLENISH Shake	<input type="checkbox"/> 1 TruPLENISH Shake
SNACK	_____	_____	_____	_____	_____	_____	_____
LUNCH	_____	<input type="checkbox"/> 1 TruPLENISH Shake	<input type="checkbox"/> 1 TruPLENISH Shake	<input type="checkbox"/> 1 TruPLENISH Shake	<input type="checkbox"/> 1 TruPLENISH Shake	<input type="checkbox"/> 1 TruPLENISH Shake	<input type="checkbox"/> 1 TruPLENISH Shake
SNACK	_____	_____	_____	_____	_____	_____	_____
DINNER	_____	<input type="checkbox"/> Low-Glycemic Meal	<input type="checkbox"/> Low-Glycemic Meal	<input type="checkbox"/> Low-Glycemic Meal	<input type="checkbox"/> Low-Glycemic Meal	<input type="checkbox"/> Low-Glycemic Meal	<input type="checkbox"/> Low-Glycemic Meal

ENJOY UNLIMITED VEGETABLES THROUGHOUT THE DAY DURING THE ENTIRE PROGRAM

CLEANSE DAY SUPPLEMENTS	NOURISH DAY SUPPLEMENTS						
Waking	<input type="checkbox"/> 1 TruSHAPE™ fat-loss capsule <input type="checkbox"/> 1 TruPURE™ cleanse slimstick	<input type="checkbox"/> 1 TruSHAPE fat-loss capsule	<input type="checkbox"/> 1 TruSHAPE fat-loss capsule	<input type="checkbox"/> 1 TruSHAPE fat-loss capsule	<input type="checkbox"/> 1 TruSHAPE fat-loss capsule	<input type="checkbox"/> 1 TruSHAPE fat-loss capsule	<input type="checkbox"/> 1 TruSHAPE fat-loss capsule
Noon	<input type="checkbox"/> 1 TruPURE cleanse slimstick	WEEKLY MEASUREMENTS			Date: _____ Chest: _____ in. Hips: _____ in. Weight: _____ lbs. Waist: _____ in. Neck: _____ in.		
Late Afternoon	<input type="checkbox"/> 1 TruPURE cleanse slimstick						
Bedtime	<input type="checkbox"/> 1 TruPURE cleanse slimstick						

# WEEK TWO

# TruHealth™ 30-Day Fat-Loss System Tracker

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	CLEANSE	NOURISH					
	DAY 8	DAY 9	DAY 10	DAY 11	DAY 12	DAY 13	DAY 14
BREAKFAST	<input type="checkbox"/> 1 TruPLENISH™ Shake	<input type="checkbox"/> 1 TruPLENISH Shake	<input type="checkbox"/> 1 TruPLENISH Shake	<input type="checkbox"/> 1 TruPLENISH Shake	<input type="checkbox"/> 1 TruPLENISH Shake	<input type="checkbox"/> 1 TruPLENISH Shake	<input type="checkbox"/> 1 TruPLENISH Shake
SNACK	_____						
LUNCH	_____	<input type="checkbox"/> 1 TruPLENISH Shake	<input type="checkbox"/> 1 TruPLENISH Shake	<input type="checkbox"/> 1 TruPLENISH Shake	<input type="checkbox"/> 1 TruPLENISH Shake	<input type="checkbox"/> 1 TruPLENISH Shake	<input type="checkbox"/> 1 TruPLENISH Shake
SNACK	_____						
DINNER	_____	<input type="checkbox"/> Low-Glycemic Meal	<input type="checkbox"/> Low-Glycemic Meal	<input type="checkbox"/> Low-Glycemic Meal	<input type="checkbox"/> Low-Glycemic Meal	<input type="checkbox"/> Low-Glycemic Meal	<input type="checkbox"/> Low-Glycemic Meal

ENJOY UNLIMITED VEGETABLES THROUGHOUT THE DAY DURING THE ENTIRE PROGRAM

CLEANSE DAY SUPPLEMENTS	NOURISH DAY SUPPLEMENTS						
Waking	<input type="checkbox"/> 1 TruSHAPE™ fat-loss capsule <input type="checkbox"/> 1 TruPURE™ cleanse slimstick	<input type="checkbox"/> 1 TruSHAPE fat-loss capsule	<input type="checkbox"/> 1 TruSHAPE fat-loss capsule	<input type="checkbox"/> 1 TruSHAPE fat-loss capsule	<input type="checkbox"/> 1 TruSHAPE fat-loss capsule	<input type="checkbox"/> 1 TruSHAPE fat-loss capsule	<input type="checkbox"/> 1 TruSHAPE fat-loss capsule
Noon	<input type="checkbox"/> 1 TruPURE cleanse slimstick	WEEKLY MEASUREMENTS			Date: _____ Chest: _____ in. Hips: _____ in. Weight: _____ lbs. Waist: _____ in. Neck: _____ in.		
Late Afternoon	<input type="checkbox"/> 1 TruPURE cleanse slimstick						
Bedtime	<input type="checkbox"/> 1 TruPURE cleanse slimstick						

# WEEK THREE

# TruHealth™ 30-Day Fat-Loss System Tracker

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	CLEANSE	NOURISH					
	DAY 15	DAY 16	DAY 17	DAY 18	DAY 19	DAY 20	DAY 21
BREAKFAST	<input type="checkbox"/> 1 TruPLENISH™ Shake	<input type="checkbox"/> 1 TruPLENISH Shake	<input type="checkbox"/> 1 TruPLENISH Shake	<input type="checkbox"/> 1 TruPLENISH Shake	<input type="checkbox"/> 1 TruPLENISH Shake	<input type="checkbox"/> 1 TruPLENISH Shake	<input type="checkbox"/> 1 TruPLENISH Shake
SNACK	_____						
LUNCH	_____	<input type="checkbox"/> 1 TruPLENISH Shake	<input type="checkbox"/> 1 TruPLENISH Shake	<input type="checkbox"/> 1 TruPLENISH Shake	<input type="checkbox"/> 1 TruPLENISH Shake	<input type="checkbox"/> 1 TruPLENISH Shake	<input type="checkbox"/> 1 TruPLENISH Shake
SNACK	_____						
DINNER	_____	<input type="checkbox"/> Low-Glycemic Meal	<input type="checkbox"/> Low-Glycemic Meal	<input type="checkbox"/> Low-Glycemic Meal	<input type="checkbox"/> Low-Glycemic Meal	<input type="checkbox"/> Low-Glycemic Meal	<input type="checkbox"/> Low-Glycemic Meal

ENJOY UNLIMITED VEGETABLES THROUGHOUT THE DAY DURING THE ENTIRE PROGRAM

CLEANSE DAY SUPPLEMENTS	NOURISH DAY SUPPLEMENTS						
Waking	<input type="checkbox"/> 1 TruSHAPE™ fat-loss capsule <input type="checkbox"/> 1 TruPURE™ cleanse slimstick	<input type="checkbox"/> 1 TruSHAPE fat-loss capsule	<input type="checkbox"/> 1 TruSHAPE fat-loss capsule	<input type="checkbox"/> 1 TruSHAPE fat-loss capsule	<input type="checkbox"/> 1 TruSHAPE fat-loss capsule	<input type="checkbox"/> 1 TruSHAPE fat-loss capsule	<input type="checkbox"/> 1 TruSHAPE fat-loss capsule
Noon	<input type="checkbox"/> 1 TruPURE cleanse slimstick	WEEKLY MEASUREMENTS			Date: _____ Chest: _____ in. Hips: _____ in. Weight: _____ lbs. Waist: _____ in. Neck: _____ in.		
Late Afternoon	<input type="checkbox"/> 1 TruPURE cleanse slimstick						
Bedtime	<input type="checkbox"/> 1 TruPURE cleanse slimstick						

# WEEK FOUR

# TruHealth™ 30-Day Fat-Loss System Tracker

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	CLEANSE	NOURISH					
	DAY 22	DAY 23	DAY 24	DAY 25	DAY 26	DAY 27	DAY 28
BREAKFAST	<input type="checkbox"/> 1 TruPLENISH™ Shake	<input type="checkbox"/> 1 TruPLENISH Shake	<input type="checkbox"/> 1 TruPLENISH Shake	<input type="checkbox"/> 1 TruPLENISH Shake	<input type="checkbox"/> 1 TruPLENISH Shake	<input type="checkbox"/> 1 TruPLENISH Shake	<input type="checkbox"/> 1 TruPLENISH Shake
SNACK							
LUNCH		<input type="checkbox"/> 1 TruPLENISH Shake	<input type="checkbox"/> 1 TruPLENISH Shake	<input type="checkbox"/> 1 TruPLENISH Shake	<input type="checkbox"/> 1 TruPLENISH Shake	<input type="checkbox"/> 1 TruPLENISH Shake	<input type="checkbox"/> 1 TruPLENISH Shake
SNACK							
DINNER		<input type="checkbox"/> Low-Glycemic Meal	<input type="checkbox"/> Low-Glycemic Meal	<input type="checkbox"/> Low-Glycemic Meal	<input type="checkbox"/> Low-Glycemic Meal	<input type="checkbox"/> Low-Glycemic Meal	<input type="checkbox"/> Low-Glycemic Meal

ENJOY UNLIMITED VEGETABLES THROUGHOUT THE DAY DURING THE ENTIRE PROGRAM

CLEANSE DAY SUPPLEMENTS		NOURISH DAY SUPPLEMENTS					
Waking	<input type="checkbox"/> 1 TruSHAPE™ fat-loss capsule <input type="checkbox"/> 1 TruPURE™ cleanse slimstick	<input type="checkbox"/> 1 TruSHAPE fat-loss capsule	<input type="checkbox"/> 1 TruSHAPE fat-loss capsule	<input type="checkbox"/> 1 TruSHAPE fat-loss capsule	<input type="checkbox"/> 1 TruSHAPE fat-loss capsule	<input type="checkbox"/> 1 TruSHAPE fat-loss capsule	<input type="checkbox"/> 1 TruSHAPE fat-loss capsule
Noon	<input type="checkbox"/> 1 TruPURE cleanse slimstick	WEEKLY MEASUREMENTS			Date: _____ Chest: _____ in. Hips: _____ in. Weight: _____ lbs. Waist: _____ in. Neck: _____ in.		
Late Afternoon	<input type="checkbox"/> 1 TruPURE cleanse slimstick						
Bedtime	<input type="checkbox"/> 1 TruPURE cleanse slimstick						

# WEEK FIVE

# TruHealth™ 30-Day Fat-Loss System Tracker

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		CLEANSE	NOURISH	CONTINUING YOUR TRANSFORMATION	
		DAY 29	DAY 30		
<b>BREAKFAST</b>	<input type="checkbox"/> 1 TruPLENISH™ Shake	<input type="checkbox"/> 1 TruPLENISH Shake	<p>Losing weight and maintaining a healthy lifestyle doesn't happen overnight. With the help of this system, you have to get to the point where healthy is your new normal, and that involves continuous work.</p> <p>If your progress seems slow at first, don't give up! This is a long-term commitment to health, not a short fix.</p> <p>If you stay dedicated to the system, it will get easier. As it does, you will begin to see and feel a real difference, both physically and mentally. Once you reach your original goals, it's important to follow a maintenance program for long-term sustainability.</p> <p>Use our helpful lifestyle maintenance recommendations below to help you transition to and through your new normal:</p> <ul style="list-style-type: none"> <li>• Enjoy 1–2 TruPLENISH Shakes per day.</li> <li>• Include healthy snacks in your meal plan and eat as many fruits and vegetables as you'd like.</li> <li>• Use 1–2 TruPURE cleanse slimsticks per day. Incorporate Cleanse Days on a regular basis or as needed. A regular cleansing regimen can help improve and maintain your overall health.</li> <li>• Drink plenty of water every day to stay hydrated.</li> <li>• Exercise regularly. Reference the TruHealth exercise plan at <a href="http://library.mannatech.com/7818">library.mannatech.com/7818</a>.</li> </ul> <p>Remember, creating a new, healthy lifestyle won't be easy, but with this tracker and the support from your friends and family (and us), you can take back your life!</p>		
<b>SNACK</b>					
<b>LUNCH</b>		<input type="checkbox"/> 1 TruPLENISH Shake			
<b>SNACK</b>					
<b>DINNER</b>		<input type="checkbox"/> Low-Glycemic Meal			
ENJOY UNLIMITED VEGETABLES THROUGHOUT THE DAY DURING THE ENTIRE PROGRAM					
<b>CLEANSE DAY SUPPLEMENTS</b>		<b>NOURISH DAY SUPPLEMENTS</b>			
Waking	<input type="checkbox"/> 1 TruSHAPE™ fat-loss capsule <input type="checkbox"/> 1 TruPURE™ cleanse slimstick	<input type="checkbox"/> 1 TruSHAPE fat-loss capsule			
Noon	<input type="checkbox"/> 1 TruPURE cleanse slimstick	<div style="background-color: #cccccc; padding: 10px; text-align: center;"> <b>WEEKLY MEASUREMENTS</b> </div>		Date: _____ Chest: _____ in. Hips: _____ in.	
Late Afternoon	<input type="checkbox"/> 1 TruPURE cleanse slimstick			Weight: _____ lbs. Waist: _____ in. Neck: _____ in.	
Bedtime	<input type="checkbox"/> 1 TruPURE cleanse slimstick				