

5-DAY *Sugar* DETOX

NAME:

DATE:

DAILY AFFIRMATION:

WATER:



SLEEP: (circle # of hours)

1 2 3 4 5 6 7 8

EXERCISE / PHYSICAL ACTIVITY:

SELF CARE:

BREAKFAST:

LUNCH:

DINNER:

SNACKS:

How do I feel today?
(circle # of stars)



NOTES: