

**NAME:** \_\_\_\_\_

**Start:** \_\_\_\_\_

**Weight:** \_\_\_\_\_

**BF%:** \_\_\_\_\_

### PROTEIN (palm)

- 6oz Chicken Breast (skinless)
- 6oz Bison Burger
- 6oz Venison
- 6oz 99% Lean Turkey Breast
- 6oz Pork Tenderloin
- 6oz 96/4 Ground Beef
- 6oz Any White Fish
- 1.25 Cup Egg Whites
- 6 Egg Whites
- 1.5 Cup 0% Cottage Cheese
- 1.5 Cup 0% Greek Yogurt
- 1.5 Scoops Protein Powder
- 1.5 Can Tuna

### FAT (thumb)

- 2 TB Peanut Butter
- 2 TB Almond Butter
- 1.5 TB Coconut Oil
- 2 TB Grassfed Butter
- 1.5 TB Olive Oil
- ½ of Medium Avocado
- ¼ Cup any Nuts
- 1.5 TB Cooking Oil\*

\*No vegetable oil  
\*No canola oil

### CARB (fist)

- 1.5 Cup Sweet Potato
- 1.5 Cup Red Potato
- 1 Cup Bean/Legumes
- 1 Cup Cooked Rice (white or brown)
- 3 Slices Ezekiel Bread
- 2/3 Cup (dry) Rolled Oats
- 1 Baked Potato
- 1 Cup Cooked Quinoa
- 1 Piece Fruit
- 1.5 Cup Berries

### VEGGIE (fist)

- 1 Cup of any Veggies  
Except:
- Peas
- Carrots
- Corn
- Squash
- Zucchini
- Eggplant
- Pumpkin
- Beets
- Stick with Green and Leafy Vegetables

**\*\*MEAL PRIOR TO WORKOUT SHOULD BE FINISHED 2HRS BEFOREHAND\*\***



**MORNING**



**WORKOUT**



**BEDTIME**



## ULTIMATE GROCERY HELPER 2.25

PROTEIN (palm)	FAT (thumb)	CARB (fist)	VEGGIE (fist)
<input type="checkbox"/> 3LBS Chicken Breast (skinless) <input type="checkbox"/> 3LBS Bison Burger <input type="checkbox"/> 3LBS Venison <input type="checkbox"/> 3LBS 99% Lean Turkey Breast <input type="checkbox"/> 3LBS Pork Tenderloin <input type="checkbox"/> 3LBS 96/4 Ground Beef <input type="checkbox"/> 3LBS Any White Fish <input type="checkbox"/> 1 24oz Carton Cup Egg Whites <input type="checkbox"/> 2 Dozen Eggs <input type="checkbox"/> 24oz 0% Cottage Cheese <input type="checkbox"/> 24oz 0% Greek Yogurt <input type="checkbox"/> 1 Tub Protein Powder <input type="checkbox"/> 10 Cans Tuna	<input type="checkbox"/> 1 Jar Peanut Butter <input type="checkbox"/> 1 Jar Almond Butter <input type="checkbox"/> 1 Jar Coconut Oil <input type="checkbox"/> 3 Sticks Grassfed Butter <input type="checkbox"/> 1 Bottle Olive Oil <input type="checkbox"/> 4 Medium Avocado <input type="checkbox"/> 1 bag/container any Tree Nuts -No peanuts or cashews <input type="checkbox"/> 1 Bottle Cooking Oil* <input type="checkbox"/> No vegetable oil <input type="checkbox"/> No canola oil	<input type="checkbox"/> 1 Bag Sweet Potato <input type="checkbox"/> 1 Bag Red Potato <input type="checkbox"/> 3 Cans Beans <input type="checkbox"/> 1 Bag Rice (white or brown) <input type="checkbox"/> 1 Loaf Ezekiel Bread <input type="checkbox"/> Container Rolled Oats <input type="checkbox"/> 1 Bag Baked Potato <input type="checkbox"/> 1 Bag Quinoa <input type="checkbox"/> 7 Pieces of Fruit <input type="checkbox"/> 1.5lb Berries	-3lbs Any Veggies Except- <input type="checkbox"/> Peas <input type="checkbox"/> Carrots <input type="checkbox"/> Corn <input type="checkbox"/> Squash <input type="checkbox"/> Zucchini <input type="checkbox"/> Eggplant <input type="checkbox"/> Pumpkin <input type="checkbox"/> Beets  Examples: <input type="checkbox"/> Asparagus <input type="checkbox"/> Broccoli <input type="checkbox"/> Spinach <input type="checkbox"/> Cauliflower <input type="checkbox"/> Brussels Sprouts <input type="checkbox"/> Cabbage <input type="checkbox"/> Romaine Lettuce <input type="checkbox"/> Greens <input type="checkbox"/> Kale

### STEP 1: INSERT THE MEAL PLAN YOU MADE HERE

BREAKFAST	LUNCH	DINNER
PROTEIN: _____ CARB: _____ VEGGIE: _____	PROTEIN: _____ CARB: _____ VEGGIE: _____	PROTEIN: _____ FAT: _____ VEGGIE: _____

### STEP 2: DON'T FORGET YOUR PROTEIN IN BETWEEN MEALS

### STEP 3: CHECK OFF ANY OPTIONAL FLAVOR ENHANCERS AND BEVERAGES YOU LIKE BELOW

<input type="checkbox"/> Mustard <input type="checkbox"/> Soy Sauce <input type="checkbox"/> Any Dry Spices <input type="checkbox"/> Any Dry Rubs for Meat <input type="checkbox"/> Lemon Juice <input type="checkbox"/> Balsamic Vinegar <input type="checkbox"/> Salt/Pepper <input type="checkbox"/> Stevia/Splenda <input type="checkbox"/> Any Hot Sauces	<input type="checkbox"/> Water (1oz for every 2lbs of body weight) <input type="checkbox"/> Black Coffee <input type="checkbox"/> Sugar Free Green Tea <input type="checkbox"/> Sugar Free Iced Tea <input type="checkbox"/> Crystal Light <input type="checkbox"/> Mio Flavored Water	<p><b>IF IT IS NOT ON THE LIST YOU CANNOT HAVE IT FOR THE 6 WEEKS.</b></p> <p><b>NOTE: *Eliminate BEFORE you moderate (that will come next)*</b></p> <p><b>If it is not on the list, it's by design!</b></p>
--	---	--