



# MY GOALS

*becoming my reality*

## HEALTH GOALS FOR

*my body*

- LOSE WEIGHT
- MAINTAIN MY WEIGHT
- CONTROL MY HUNGER CRAVINGS
- IMPROVE ENERGY

## HEALTH GOALS FOR

*my gut*

- IMPROVE DIGESTION
- REDUCE BLOATING/GAS
- IMPROVE REGULARITY,
- LESSEN DISCOMFORT

## HEALTH GOALS FOR

*my mind*

- IMPROVE SLEEP
- REDUCE FEELINGS OF STRESS
- IMPROVE MOOD

## HEALTH GOALS FOR

*my skin*

- IMPROVE APPEARANCE OF SKIN TONE
- IMPROVE SKIN HYDRATION
- LESSEN APPEARANCE OF FINE LINES/WRINKLES
- LESSEN APPEARANCE OF DARK CIRCLES/PUFFINESS

### *Products I'm taking*

Write down each product you're taking with the directions to establish your daily routine

#### MORNING

**Products**

**Directions**

_____	_____
_____	_____
_____	_____

#### AFTERNOON/ EVENING

**Products**

**Directions**

_____	_____
_____	_____
_____	_____



### *Water Intake*

Water is a really important part of our journey It helps to flush the toxins and speed up our goals! To calculate how many ounces of water you need in a day follow this simple formula!

*Weight / by 2 = how many ounces to drink daily!*  
Ex: 200 pounds divided by 2= 100 ounces of water

MY DAILY GOAL \_\_\_\_\_



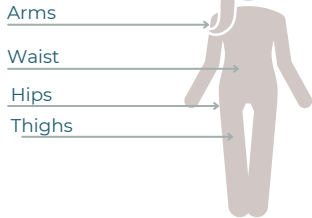


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## TRACK YOUR HEALTH JOURNEY

### *getting started*



- set measurable goal (lose 3 inches, run 5K)
- take Before pictures
- take body measurements (arms, waist, hips, thighs)
- set up subscription (if you haven't already)
- share the start of your healthy journey on social media

*my goals:*

KEEP TRACK OF YOUR RESULTS WHILE TAKING PLEXUS PRODUCTS. WRITE DOWN ON A SCALE OF 1 TO 10 HOW YOU WOULD RATE YOURSELF IN EACH CATEGORY (1 BEING WORST, 10 BEING BEST).

### *Benefits*

	Energy	Everyday Stress	Hunger/Cravings	Weight Goals	Bloating/Gas	Digestion/Regularity	Mood	Discomfort	Overall Health	Other
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#### Today

Take before photos and measurements

#### Day 14

Reorder Products

#### Day 30

Take progress photos and measurements

#### Day 45

Reorder Products

#### Day 60

Take progress photos and measurements