

Max Flex Food & Fitness Tracker

We are providing you with a handy Flex Food and Fitness Tracker. You can print this out to plan for success and track your progress.

Also, there are many free apps that you can use to track your progress on the go. You can do this!

Start/End:
Take measurements at beginning and end of each week or month.

Week of:
Add dates.

META-SWITCH™
WEIGHT MANAGEMENT SYSTEM

Week of: _____ thru: _____

Your Max Flex Food Plan

START

Weight

Left Thigh Right Thigh

Left Arm Right Arm

Waist Hips

END

Weight

Left Thigh Right Thigh

Left Arm Right Arm

Waist Hips

Meal Planning column:
Write out your meal plan for the week, including your snacks.

Meal	Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual
Breakfast														
Lunch														
Dinner														
Snacks														

Meal plan actual column:
Add in what you actually ate for the day.

Burpee Challenge:
Push yourself to do 15-25 or 25-50 Burpees daily and record the # you complete.

Your Max Flex Fitness Plan

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Burpee Challenge	# _____	# _____	# _____	# _____	# _____	# _____	# _____
Flex Fitness							
Conditioning	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Take Products	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

max.com/metaswitch

Flex Fitness:
Enter the workouts you do each day.

Conditioning:
Did you do your Max Flex Fitness Conditioning today?

Take Products:
Did you take your Max products today?

Week of: _____ thru: _____

Your Max Flex Food Plan

START

Weight

Left Thigh Right Thigh

Left Arm Right Arm

Waist Hips

END

Weight

Left Thigh Right Thigh

Left Arm Right Arm

Waist Hips

Meal	Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual
Breakfast														
Lunch														
Dinner														
Snacks														

Your Max Flex Fitness Plan

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Burpee Challenge	# _____	# _____	# _____	# _____	# _____	# _____	# _____
Flex Fitness							
Conditioning	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Take Products	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N