

My D.R.E.S.S. Routine

Diet Type: _____	Daily Portions: P __ C __ F __ W __	Supplement Type _____	Exercise FITT _____	Stress Mastery _____	Rest Week Day: _____
Water	<input type="checkbox"/> _____glasses				Rise Time:
BREAKFAST <i>Time:</i>	<input type="checkbox"/> P: C: F: Meal Type: _____				
Water	<input type="checkbox"/> _____glasses				
LUNCH <i>Time:</i>	<input type="checkbox"/> P: C: F: Meal Type: _____				
Water	<input type="checkbox"/> _____glasses				
DINNER <i>Time:</i>	<input type="checkbox"/> P: C: F: Meal Type: _____				
Water	<input type="checkbox"/> _____glasses				Bed Time: