



Ketogenic Lifestyle 6 Week Goal Planner

If you do not have a gall bladder, you will need to incorporate bile salts (Cholacol) with EVERY MEAL.

- 6 week goal _____
- Scale for weighing food
- Ketone measurement strips or blood meter
- Before pictures
- Exogenous ketones
- Electrolytes (sugarless)
- Collagen supplementation
- MCT oil
- Bowel Support (need a minimum of one bowel movement daily)

Starting Measurements

Starting weight _____ lbs

Upper Arm (RIGHT SIDE) _____ inches

Upper Arm (LEFT SIDE) _____ inches

Waist _____ inches

Upper Thigh (RIGHT SIDE) _____ inches

Upper Thigh (LEFT SIDE) _____ inches

Week 1

Goal(s): _____

- Daily water intake goal: _____ oz
- Net carbohydrate goal: _____ grams
- Protein goal: _____ grams
- Exercise goal: _____ minutes per week

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Water							
Carbs							
Protein							
Exercise							



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Week 2

Goal(s): _____

- Daily water intake goal: _____ oz
- Net carbohydrate goal: _____ grams
- Protein goal: _____ grams
- Exercise goal: _____ minutes per week

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Water							
Carbs							
Protein							
Exercise							

Week 3

Goal(s): _____

- Daily water intake goal: _____ oz
- Net carbohydrate goal: _____ grams
- Protein goal: _____ grams
- Exercise goal: _____ minutes per week

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Water							
Carbs							
Protein							
Exercise							



Week 4

Goal(s): _____

- Daily water intake goal: _____ oz
- Net carbohydrate goal: _____ grams
- Protein goal: _____ grams
- Exercise goal: _____ minutes per week

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Water							
Carbs							
Protein							
Exercise							

Week 5

Goal(s): _____

- Daily water intake goal: _____ oz
- Net carbohydrate goal: _____ grams
- Protein goal: _____ grams
- Exercise goal: _____ minutes per week

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Water							
Carbs							
Protein							
Exercise							



Week 6

Goal(s): _____

- Daily water intake goal: _____ oz
- Net carbohydrate goal: _____ grams
- Protein goal: _____ grams
- Exercise goal: _____ minutes per week

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Water							
Carbs							
Protein							
Exercise							

6 Week Review

Ending weight _____ lbs for a total loss of _____ lbs

Upper Arm (RIGHT SIDE) _____ inches for a total loss of _____ inches

Upper Arm (LEFT SIDE) _____ inches for a total loss of _____ inches

Waist _____ inches for a total loss of _____ inches

Upper Thigh (RIGHT SIDE) _____ inches for a total loss of _____ inches

Upper Thigh (LEFT SIDE) _____ inches for a total loss of _____ inches

Ask yourself these questions:

What was the best part of this experience?

What was the biggest struggle I had?

Have my food cravings diminished?

Has my brain function improved?

Do my hormones feel better regulated? You may need additional assistance to help endocrine system healing.

Am I able to continue this lifestyle? If not, what needs to be adjusted?