

<b>Weekly Checklist</b>							
<b>TASKS</b>	<b>M</b>	<b>T</b>	<b>W</b>	<b>T</b>	<b>F</b>	<b>S</b>	<b>S</b>
Fasting Blood sugar							
Postprandial Blood sugar							
Bitter water(Yes/No)							
Soaked almonds (Yes/No)							
Workout (Yes/ No)							
Breathing exercise (Yes/ No)							
5 min daily massage (Yes/No)							
Plant-based diet (Yes/No)							
Water intake (L/Oz)							
Steps (Count)							
5 min meditation ( Yes/No)							
Sleep (Hours)							

Hb1Ac (Day 1 of the challenge) :

Additional Comments