27 Body Transformation Habits

Habit Forming Checklist

- Daily
- Weekly
- Monthly
27 Body Transformation Habits

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Manufactured in the United States of America
Published by: Tyler Bramlett. Santa Cruz, Ca

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The Best Way to Change Your Habits

Habits are a tricky animal... As I’m sure you’ve experienced, there are times when you habitually do things that you know you shouldn’t be doing. During these times, your body is operating on a subconscious level based upon the habits you’ve built over your lifetime.

So... How do you change them?

It’s obviously not enough to just know what the right thing to do is. After all information without application is worthless. What you must do is reshape your subconscious habits so you STOP making bad mindless decisions and start making good ones.

There’s only one real way to reshape your subconscious habits...

You must consistently practice a new habit until it takes over the old one. You’ll notice that I highlighted the word CONSISTENTLY in the last sentence and that is for one specific reason... If you consistently do something it will become a new habit.

That’s what The 27 Body Transformation Habits YOU Can’t Ignore is all about and that’s why I decided to create these Habit Forming Checklists. To take the guesswork out of building new habits and make it crystal clear as to what you need to do to transform your body and your life.

How to Use These Checklists

The best way for you to rebuild your habits and get the best results possible with this program is to print out the checklists below. There are 31 Daily Lean 15 Checklists (one for each day of the month), 5 Weekly Checklists (1 for every week in the month) each with all 7 weekly habits on the page and 5 Monthly forms to fill out.
Start by filling out the 5 Monthly Habit Forms as this will serve as the foundation for the month to come. From there, make sure you carry around with you a new daily habit forming checklist every single day and a weekly habit forming checklist each week.

From there, all you have to do is follow along and strive to do your best to check off as many daily and weekly habits as you can throughout the next 30 days.

After the month is up, print out a new set and start fresh by following along to the Monthly Habit Forms and try to keep working on building the habits every day, week and month until they are automatic.

In 30 days, you will feel completely different. In 90 days, you will be a totally new version of yourself and in 1 year, you will be the healthiest, leanest and happiest you’ve ever been.

Print the following pages out, reference your manual or videos if you need clarification and get started rebuilding your habits today!
# The Lean 15 Full Daily Checklist

| Day/Task                  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|---------------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| Drink Water               |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Eat Veggies               |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Protein for Breakfast     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Strong Digestion          |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Get Sleep                 |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Breathe Deeply            |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Read Daily Affirmation    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Walk Daily                |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Exercise                  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Get Sun                   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Touch the Earth           |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Take a Cold Shower        |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Laugh                     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Read                      |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Avoid Obesogens           |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
## The Weekly Habits Checklist

<table>
<thead>
<tr>
<th>Week/Task</th>
<th>Week 1</th>
<th>Week 2</th>
<th>Week 3</th>
<th>Week 4</th>
<th>Week 5</th>
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</thead>
<tbody>
<tr>
<td>Have a Cheat Meal</td>
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<td>Learn Something New</td>
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<td>Be Alone</td>
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<td>Socialize</td>
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<td>Play</td>
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<tr>
<td>Measure Your Success</td>
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<tr>
<td>Do Something Selfless</td>
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</tbody>
</table>
Weekly Success Forms (1 of 2)

What daily habits are you currently working on? (*Check all that apply*)

- Drink Enough Water
- Eat Protein for Breakfast
- Get Your Sleep
- Read Your Daily Affirmation
- Do Exercise
- Touch the Earth
- Make Sure you Laugh
- Avoid Obesogens
- Eat Your Veggies
- Work On Building a Strong Digestion
- Breathe Deeply
- Walk Everyday
- Get Some Sun
- Use Cold Water Therapy
- Read Something

Are you being consistent with these habits and working on them every day? (*Circle One*)

- YES
- NO

If YES, great!

If NO, what do you need to do to make these habits more consistent? (*Write below*)
What Weekly Habits are you currently working on? *(Check all that apply)*

- Kick Up Your Heels and Have a Cheat Meal
- Spend Time Alone Doing Something You Love
- Go Play
- Do Something Selfless for Someone Else
- Try or Learn Something New
- Socialize
- Measure Your Success

Are you being consistent with these habits and working on them every week? *(Circle One)*

- YES
- NO

If YES, great!

If NO, what do you need to do to make these habits more consistent? *(Write below)*
Weekly Success Forms (2 of 2)

What monthly habits are you currently working on? (Check all that apply)

- Identify What’s Working
- Make a Plan for The Next 30 Days
- Do Something to Take Care of Yourself
- Set or Create SMART Goals
- Create a Daily Affirmation

Are you being consistent with these habits and working on them every week? (Circle One)  YES  NO

If YES, great!

If NO, what do you need to do to make these habits more consistent? (Write below)
Are you actively working toward the monthly goals you set for yourself?  
(Circle One)  YES       NO

If YES, great!

If NO, what do you need to do to make these habits more consistent?  
(Write below)

Is your daily affirmation guiding you throughout the day?  
(Circle One)  YES       NO

If YES, great!

If NO, do you need to rewrite your affirmation or refocus your efforts?  
(Write below)
Monthly Success Forms (1 of 6)

What monthly habits do you think you’ve mastered? *(Check all that apply)*

**Daily Habits**

- Drink enough water
- Eat protein for breakfast
- Build a strong digestion
- Read your daily affirmation
- Do some exercise
- Touch the earth
- Make sure you laugh
- Set or Create SMART Goals
- Create a Daily Affirmation

**Weekly Habits**

- Avoid Obesogens
- Kick up your heels and have a cheat meal
- Spend some time alone
- Do something selfless for someone else
- Go outside and play
- Try or learn something new
- Measure your success

**Monthly Habits**

- Identify what works
- Create a plan for the next 30 days
- Do something to take care of yourself
- Set or create SMART goals
- Create a daily affirmation
What is your current weight?  

lbs  kgs

What is your current bodyfat %?  

%(Get this if possible)

How would you rate your diet on a scale of 1-10?

1  2  3  4  5  6  7  8  9  10

If you didn’t circle 10, what’s preventing you from making it a 10?  

(Write below)
Monthly Success Forms (2 of 6)

How would you rate your exercise on a scale of 1-10?

1  2  3  4  5  6  7  8  9  10

If you didn’t circle 10, what prevents you from making it a 10? (Write below)

How would you rate your energy on a scale from 1-10?

1  2  3  4  5  6  7  8  9  10

If you didn’t circle 10, what prevents you from making it a 10? (Write below)
How would you rate the would you feel about your body on a scale of 1-10?

1  2  3  4  5  6  7  8  9  10

If you didn’t circle 10, what prevents you from making it a 10? (Write below)

How would you rate your overall happiness on a scale of 1-10?

1  2  3  4  5  6  7  8  9  10

If you didn’t circle 10, what prevents you from making it a 10? (Write below)
Monthly Success Forms (3 of 6)

What is your main goal? The goal you want to eventually achieve? *(Write below)*

Keeping this goal in mind, set your 30-day goal below...

What is your specific goal for the next 30 days? *(Write below)*
How are you going to measure your progress? *(Write below)*

Can you realistically attain this goal in the next 30 days? What’s your plan? *(Write below)*

Why do you think you need to achieve this goal? Make it big! *(Write below)*
Monthly Success Forms (4 of 6)

How many daily habits do you plan on doing consistently over the next 30 days? *(Circle the amount)*

1  2  3  4  5  6  7  8  9  10  11  12  13  14  15

How many weekly habits do you plan on doing consistently over the next 30 days? *(Circle the amount)*

1  2  3  4  5  6  7

Write down a brief description of what you will do for your diet over the next 30 days.

Write down a brief description of what you will do for your exercise routine over the next 30 days.
Monthly Success Forms (5 of 6)

What 5 habits do you think are the hardest for you to do?

1.

2.

3.

4.

5.

Write down what’s holding you back for each of these 5 habits and how you can overcome this objection.

1.

2.

3.

4.

5.
Habit Forming Checklists – Monthly Habits
Form 6

What is the date 30 days from now? *Write it down!*

What is your 30-day goal? *Write it down!*

What will achieving this goal mean for you? *Describe what your life will be like when you achieve this goal*

Briefly describe what you did to achieve your goal.
Write a statement of gratitude for how you will feel when you achieve this goal.

Now let’s put it all together in one clear and concise affirmation...

Here’s a full example:

"It's November 11th, and I'm 6 pounds lighter. My skinny jeans once again fit and I feel healthier than I have since I was 19! The good food choices I’ve made and the daily habits I've been working on over the last 30 days have led me to this huge success, and I'm so grateful for where I am in my life. I'm excited for what I know I can achieve! Thank you!"