

30-DAY JUMP-START TRACKING SHEET

Phase 1, Days 1–7



NAME: _____

DATE: _____

UPON WAKEUP	<input type="checkbox"/> Mix one packet of the Isotonix® Daily Essentials with exactly 8 oz of water; drink immediately and wait 20 minutes before eating or drinking anything else*	Time _____
20 MIN. LATER	<input type="checkbox"/> Mix one scoop of the NutriClean® Advanced Fiber Powder in 8 oz water; drink immediately*	Time _____
	<input type="checkbox"/> Take two release capsules from blister pack* — decrease these if necessary	Time _____
	<input type="checkbox"/> Squeeze ½ lemon in 8 oz warm water; drink immediately	Time _____
BREAKFAST	<input type="checkbox"/> 1 serving fruit _____ <input type="checkbox"/> 1 serving protein _____ <input type="checkbox"/> 3+ servings vegetables _____	Time _____
MID-MORNING SNACK	<input type="checkbox"/> 8 oz water <input type="checkbox"/> 1 serving fruit _____	Time _____
SUPPLEMENT	<input type="checkbox"/> Take two TLS® CORE tablets 30–45 minutes before lunch*	Time _____
LUNCH	<input type="checkbox"/> 16 oz water <input type="checkbox"/> 1 serving good fat _____ <input type="checkbox"/> 3+ servings vegetables _____	Time _____
AFTERNOON SNACK	<input type="checkbox"/> 8 oz water <input type="checkbox"/> 1 serving fruit _____ <input type="checkbox"/> 2+ servings vegetables _____	Time _____
SUPPLEMENT	<input type="checkbox"/> Take two TLS CORE tablets 30–45 minutes before dinner*	Time _____
DINNER	<input type="checkbox"/> 16 oz water <input type="checkbox"/> 1 serving protein _____ <input type="checkbox"/> 1 serving good fat _____ <input type="checkbox"/> 3+ servings vegetables _____	Time _____
EVENING SNACK (OPTIONAL)	<input type="checkbox"/> 8 oz water <input type="checkbox"/> 1 serving vegetable _____	Time _____
BEFORE BED	<input type="checkbox"/> Take the clear packet of NutriClean detox supplements with a large glass of water*	Time _____

Other Supplements ? _____

Water:

Sleep: _____ hours

Comments : _____

30-DAY JUMP-START TRACKING SHEET

Phase 2, Days 8–30



NAME: _____

DATE: _____

UPON WAKEUP	<input type="checkbox"/> Mix one packet of the Isotonix® Daily Essentials with exactly 8 oz of water; drink immediately and wait 20 minutes before eating or drinking anything else*	Time _____
BREAKFAST	<input type="checkbox"/> 16 oz water <input type="checkbox"/> 1 serving protein _____ <input type="checkbox"/> 3 servings vegetables _____	Time _____
MID-MORNING SNACK	<input type="checkbox"/> 2 scoop of TLS® Nutrition Shake with 8 oz of water <input type="checkbox"/> 1 serving fruit _____	Time _____
SUPPLEMENT	<input type="checkbox"/> Take two TLS CORE tablets 30–45 minutes before lunch*	Time _____
LUNCH	<input type="checkbox"/> 16 oz water <input type="checkbox"/> 1 serving protein _____ <input type="checkbox"/> 1 serving good fat _____ <input type="checkbox"/> 2 servings vegetables _____	Time _____
AFTERNOON SNACK	<input type="checkbox"/> 1 serving of protein <input type="checkbox"/> 2 servings vegetables _____	Time _____
SUPPLEMENT	<input type="checkbox"/> Take two TLS CORE tablets 30–45 minutes before dinner*	Time _____
DINNER	<input type="checkbox"/> 16 oz water <input type="checkbox"/> 1 serving protein _____ <input type="checkbox"/> 1 serving good fat _____ <input type="checkbox"/> 3 servings vegetables _____	Time _____
EXERCISE	<input type="checkbox"/> Type: _____ Minutes: _____	Time _____
POST-WORKOUT SNACK	<input type="checkbox"/> 1 serving of protein within 30 minutes of exercise _____	Time _____

Other Supplements ? _____

Water:

Sleep: _____ hours

Comments : _____
