

30-DAY JUMP-START TRACKING SHEET:
Phase 1 Days 1–7



NAME: _____

DATE: _____

WAKE-UP	<input type="checkbox"/> Mix 1 packet of Isotonix® Daily Essentials with exactly 240 ml of water, drink immediately and wait 20 minutes before eating or drinking anything else*.	Time _____
20 MIN. LATER	<input type="checkbox"/> Mix one serving of Isotonix Digestive Enzymes with Probiotics in 60 ml water, drink immediately*	Time _____
	<input type="checkbox"/> Squeeze ½ lemon in 240 ml 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"/> 240 ml water <input type="checkbox"/> 1 serving fruit _____	Time _____
SUPPLEMENT	<input type="checkbox"/> Take two TLS CORE with Chromium, White Kidney Bean and LeptiCore tablets 30–45 min before lunch*	Time _____
LUNCH	<input type="checkbox"/> 480 ml water <input type="checkbox"/> 1 serving good fat _____ <input type="checkbox"/> 3+ servings vegetables _____	Time _____
AFTERNOON SNACK	<input type="checkbox"/> 240 ml water <input type="checkbox"/> 1 serving good fat _____ <input type="checkbox"/> 2+ servings vegetables _____	Time _____
SUPPLEMENT	<input type="checkbox"/> Take two TLS CORE tablets 30–45 min before dinner*	Time _____
DINNER	<input type="checkbox"/> 480 ml 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"/> 240 ml water <input type="checkbox"/> 1 serving vegetable _____	Time _____
BEFORE BED	<input type="checkbox"/> Take one serving of Isotonix Digestive Enzymes with Probiotics as directed*	Time _____

Other Supplements? _____ Water: Sleep: _____ hours

Comments: _____

30-DAY JUMP-START TRACKING SHEET:
Phase 2 Days 8–30



NAME: _____

DATE: _____

WAKE-UP	<input type="checkbox"/> Mix 1 packet of Isotonix® Daily Essentials with exactly 240 ml of water, drink immediately and wait 20 minutes before eating or drinking anything else*.	Time _____
BREAKFAST	<input type="checkbox"/> 480 ml water <input type="checkbox"/> 1 serving protein _____ <input type="checkbox"/> 3 servings vegetables _____	Time _____
MID-MORNING SNACK	<input type="checkbox"/> 1 TLS Nutrition Shake with 240 ml water <input type="checkbox"/> 1 serving fruit _____	Time _____
SUPPLEMENT	<input type="checkbox"/> Take two TLS CORE with Chromium, White Kidney Bean and LeptiCore tablets 30–45 min before lunch	Time _____
LUNCH	<input type="checkbox"/> 480 ml 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 TLS® Nutrition Shake with 240 ml water <input type="checkbox"/> 2 servings vegetables _____	Time _____
SUPPLEMENT	<input type="checkbox"/> Take two TLS CORE with Chromium, White Kidney Bean and LeptiCore tablets 30–45 min before dinner	Time _____
DINNER	<input type="checkbox"/> 480 ml 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: _____

*As directed on label