

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



NAME: _____

DATE: _____

WAKE-UP	<input type="checkbox"/> Mix 2 servings of Isotonix OPC-3® and 1 serving of Isotonix® Multivitamin with 180 ml of water and drink immediately. Wait 15 minutes before eating or drinking anything else*.	Time _____
15 MIN. LATER	<input type="checkbox"/> Drink one serving of Ultimate Aloe® Juice as directed*	Time _____
	<input type="checkbox"/> Squeeze ½ lemon in 1 cup 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"/> 1 cup water <input type="checkbox"/> 1 serving fruit _____	Time _____
LUNCH	<input type="checkbox"/> 2 cups water <input type="checkbox"/> 1 serving good fat _____ <input type="checkbox"/> 3+ servings vegetables _____	Time _____
AFTERNOON SNACK	<input type="checkbox"/> 1 cup water <input type="checkbox"/> 1 serving fruit _____ <input type="checkbox"/> 2+ servings vegetables _____	Time _____
SUPPLEMENT	<input type="checkbox"/> Take one serving of Isotonix Isochrome as directed before dinner*	Time _____
DINNER	<input type="checkbox"/> 2 cups 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"/> 1 cup water <input type="checkbox"/> 1 serving vegetable _____	Time _____
BEFORE BED	<input type="checkbox"/> Drink one serving of Ultimate Aloe Juice*	Time _____

Other Supplements? _____ Water: Sleep: _____ hours

Comments: _____

*As directed on label

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



NAME: _____

DATE: _____

WAKE-UP	<input type="checkbox"/> Mix 2 servings of Isotonix OPC-3® and 1 serving of Isotonix® Multivitamin with 180 ml of water and drink immediately. Wait 15 minutes before eating or drinking anything else*.	Time _____
BREAKFAST	<input type="checkbox"/> 2 cups 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 1 cup water <input type="checkbox"/> 1 serving fruit _____	Time _____
LUNCH	<input type="checkbox"/> 2 cups 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 1 cup water <input type="checkbox"/> 2 servings vegetables _____	Time _____
SUPPLEMENT	<input type="checkbox"/> Take one serving of Isotonix Isochrome as directed before dinner*	Time _____
DINNER	<input type="checkbox"/> 2 cups 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