

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 MINUTES LATER	<input type="checkbox"/> Drink one serving of Ultimate Aloe® Juice as directed.*	Time _____
	<input type="checkbox"/> Squeeze ½ lemon in 1 cup of warm water and 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 Digestive Enzymes with dinner or immediately after 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: _____

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 Nutrition Shake with 1 cup of 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 Nutrition Shake with 1 cup of water <input type="checkbox"/> 2 servings vegetables _____	Time _____
SUPPLEMENT	<input type="checkbox"/> Take one serving of Isotonix Digestive Enzymes with dinner or immediately after 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