

**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 MINUTES 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 minutes 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 minutes 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*As directed on label

**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 _____
20 MINUTES LATER	<input type="checkbox"/> Mix one serving of Isotonix Digestive Enzymes with Probiotics in 60 ml water, drink immediately*	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 minutes 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 minutes 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 _____
BEFORE BED	<input type="checkbox"/> Take one serving of Isotonix Digestive Enzymes with Probiotics as directed*	Time _____

EXERCISE	<input type="checkbox"/> Type: _____ Minutes: _____	Time _____
POST-WORKOUT	<input type="checkbox"/> 1 serving of protein within 30 minutes of exercise _____	Time _____

Other Supplements? \_\_\_\_\_ Water:  Sleep: \_\_\_\_\_ hours

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*As directed on label