



JUMPSTART FOOD & ACTIVITY JOURNAL

Please keep this journal for **7 consecutive days. (print 7 copies)** Eat as you “normally” would; i.e. no differently only for the sake of writing it down. ****Be as detailed as possible.** List all types of foods and beverages; fresh, processed, from a restaurant, coffee, juice, soda, alcohol, etc. Include brands, special ingredients, salad dressings, oils, and sugars. Your honesty will contribute to YOUR long term, successful results!

Journal Day _____ (keep 7 days) Women: Cycle Day _____ No longer cycling _____

Wake Time: _____ Bedtime: _____ Sleep Quality? Good Fair Poor

Breakfast: _____ Where: _____ With whom? _____ Activity: _____
Time: _____ (What were you doing while eating?)

Snack: _____
Time: _____

Lunch: _____
Time: _____

Snack: _____
Time: _____

Dinner: _____
Time: _____

Snack: _____
Time: _____

Beverages: _____ Exercise: _____

***BREAK THE WEIGHT PLATEAU, OPTIMIZE HORMONES,
GUT HEALTH AND MORE!***

NUTRITION THE NATURAL WAY

WEIGHT LOSS | HORMONES | GUT HEALTH

