

## Diet Diary / Exercise Log

Name: \_\_\_\_\_

Things to consume daily (see list for approved foods) Example

**Breakfast (Choose 1):**

Protein shake + ½ c. low GI berries + 1 -2 tbsp ground flax or fiber

2 whole eggs + 1 egg white + veggies

**Snack:**

Low GI Fruit + 1 oz. protein  
Veggies + 1 oz. protein

**Lunch:**

Large salad + 2 oz protein or

Protein shake + 1 -2 tbsp ground flax or fiber (alternate from morning) + low GI fruit

**Snack (choose one):**

1/2 High protein high fiber bar

Protein shake + 1 -2 tbsp ground flax or fiber (alternate from morning) + low GI fruit

Low GI veggies + ½ c. hummus

**Dinner:**

Veggies + 3-4 oz. protein + high fiber grain

**Snack (about 8:30 – 9:00)**

10 – 12 nuts, ½ Low GI fruit, veggies

**Other Things to consume:**

Water, 3 -4 cups of Detox Broth,  
Fats

Day 1	Date:
Wake up:	
Morning Meal	
Time:	
Snack	
Time:	
Mid-Day Meal	
Time:	
Snack	
Time:	
Evening Meal	
Time:	
Snack	
Time:	
Water (ounces)	
Other Drinks <small>(that are not listed with meals)</small>	
Activity/Exercise	
What kind:	
How long:	
Relaxation type:	
How long:	
sleep time:	

## Diet Diary / Exercise Log

	Day 2 - Date:	Day 3 - Date:
Wake up:		
Morning Meal		
Time:		
Snack		
Time:		
Mid-Day Meal		
Time:		
Snack		
Time:		
Evening Meal		
Time:		
Snack		
Time:		
Water (ounces)		
Other Drinks <small>(that are not listed with meals)</small>		
Activity/Exercise What kind: How long:		
Relaxation type: How long:		
sleep time:		

# Diet Diary / Exercise Log

	Day 4 - Date:	Day 5 - Date:
Wake up:		
Morning Meal		
Time:		
Snack		
Time:		
Mid-Day Meal		
Time:		
Snack		
Time:		
Evening Meal		
Time:		
Snack		
Time:		
Water (ounces)		
Other Drinks <small>(that are not listed with meals)</small>		
Activity/Exercise What kind: How long:		
Relaxation type: How long:		
sleep time:		

## Diet Diary / Exercise Log

	Day 6 - Date:	Day 7 - Date:
Wake up:		
Morning Meal		
Time:		
Snack		
Time:		
Mid-Day Meal		
Time:		
Snack		
Time:		
Evening Meal		
Time:		
Snack		
Time:		
Water (ounces)		
Other Drinks <small>(that are not listed with meals or</small>		
Activity/Exercise What kind: How long:		
Relaxation type: How long:		
sleep time:		