

DAY _____

New Food: _____ **Morning Weight:** _____

Type Eaten: _____ Amount: _____ Time: _____

Type Eaten: _____ Amount: _____ Time: _____

Type Eaten: _____ Amount: _____ Time: _____

Eliminated Foods I Ate Prematurely:

Type Eaten: _____ Amount: _____ Time: _____

Type Eaten: _____ Amount: _____ Time: _____

Physical and Emotional Observations:

Digestion: _____

Energy: _____

Mental Clarity: _____

Sinus Congestion: _____

Cravings: _____

Mood: _____

Other: _____

Habits I'm Continuing:

Water: Total Ounces Today: _____ **ELT Eating Cycle:** _____

Daily Exercise

Deep Breathing

Cleansing Drink

Body Brushing

Supplements

Cranberry Drink