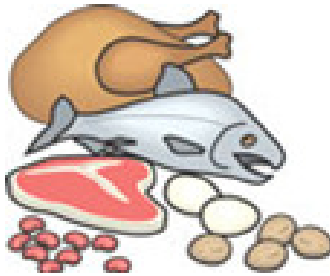


The Clean Zone Diet™

Food Journals & Lifestyle Journal

by Karen McCoy



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Welcome to The Clean Zone Diet™:

I applaud you and thank you for your interest in adopting a new set of dietary and lifestyle habits to improve your life and provide you with the optimal energy and vitality you deserve!

Enclosed please find two journals for you to complete.

The *Food Journal* requires you to record 2 days' worth of eating, while the *Lifestyle Journal* requires just a one-day overview of specific lifestyle activities.

Please be as specific as possible, especially with the food journal, ie, if you drink juice, what kind? If you eat almonds, how many? Specifics on brand names, timing and amounts is crucial in order to fully complete your nutritional profile and give you a specific set of successful protocols to improve your nutritional wellness. (**Please note:** if you receive an email version, you cannot save information in the form. You must print it off and fill it in by hand, then fax, mail or arrange for pick-up).

Once completed, the forms will be returned to me for analysis, and your road to optimal nutrition and wellness has begun!

If you have any questions along the way, please don't hesitate to drop me a line.

Congratulations, and I look forward to working with you!

Karen McCoy

Lifestyle Journal—page 1



Exercise/Physical Activity

Do you train at a gym? _____ How Often? _____

Type of training (weights, circuit, balls, bands) _____

Occupation? _____

Sports/Activities that you enjoy and do regularly _____

Food

How do you cook your red meat? Blue ___ Rare ___ med. rare ___ well done ___

Where do you buy your meat? _____

Do you ever buy organic meats and veggies? _____

If yes, from where? _____ How often? _____

When you have a craving, what is your weakness food? _____

How much water do you drink in a day? _____

Do you drink coffee? Y N How many cups/day? _____ Alcohol? Y N How many drinks/week? _____

How much juice or milk per day? _____

Brand names? _____

Do you eat dairy? If yes, what and how much? _____

Brand names? _____

Body

Do you know your blood type? (please circle) O A B AB other _____

What is your cultural background (ie from what country did your ancestors originate?)

How many hours do you sleep? _____ Do you sleep soundly? ___ Do you mediate daily? _____

How often do you go to the bathroom per day? Bowel movement _____ urinate _____

Consistency? (hard, soft, dark etc.) _____

