

Daily Lepti-Trim Accelerated Study Log

Study Parti	cipant:		 	 		
Date:	/	/				

AT I ATE:	SUPPLEMENTS:
Breakfast	Supplement:
Time:	Time:
Food:	
	Supplement.
	IIme:
	Supplement:
	Time:
Lunch	Supplement:
Time:	Time:
Food:	
	Suppliement.
	Time:
	Supplement:
	Time:
	Time:
Dinner	Supplement:
Time:	Time:
Food:	
	EXERCISE:
	JOURNAL: Feelings/Mood/Roadblock/Victories
Snacks	JOHNAL. Feetings/Moda/Rodadotock/Victories
Time(s):	
Food:	
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