



Daily Lepti-Trim Accelerated Study Log

Study Participant: _____

Date: ____ / ____ / ____

WHAT I ATE:

Breakfast

Time: _____

Food: _____

Lunch

Time: _____

Food: _____

Dinner

Time: _____

Food: _____

Snacks

Time(s): _____

Food: _____

SUPPLEMENTS:

Supplement: _____
Time: _____

Supplement: _____
Time: _____

Supplement: _____
Time: _____

Supplement: _____
Time: _____

Supplement: _____
Time: _____

Supplement: _____
Time: _____

Supplement: _____
Time: _____

EXERCISE: _____

JOURNAL: *Feelings/Mood/Roadblock/Victories*

