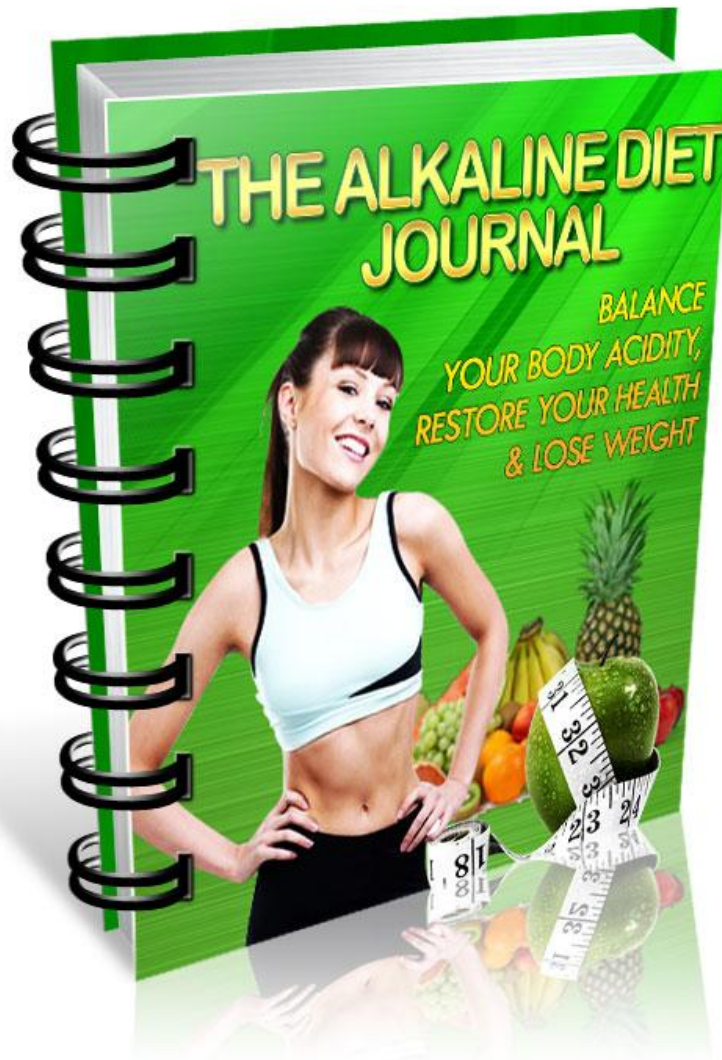


The Alkaline Diet Journal

Balance Your Acidity, Restore Your Health & Lose Weight



www.TheAlkalineDiet.org

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This journal will help you keep track of your daily progress on the Alkaline Diet. It is advisable that you print this manual out.

Do your best to fill up these answers truthfully and honestly so that it can help you throughout your life.

It starts out by asking yourself some of the questions regarding your health, and having you fill in the number of days in a month you are committed to follow the alkaline diet and signing your name below.

You will also see 2 columns where you can write down your goals and motivations for doing the alkaline diet.

Your reasons for embarking on alkaline diet

| Reasons why I want to embark on the Alkaline Diet | How <u>not</u> finishing the Alkaline Diet will have a negative impact on your life |
|---|---|
| | |

What Is Your Ideal Outcome You Want To Achieve By Embarking Alkaline Diet?

What Are Your Top 3 Health Concerns?

1.

2.

3.

What Is Your Current Diet?

| Date | Breakfast | Lunch | Dinner |
|------|-----------|-------|--------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

I'm committed to follow the alkaline diet principles ____ days/week.

(Sign your name)

What Is Your Body pH Level?

| | pH Readings | | | |
|------|------------------|--------------|---------------|-------|
| Date | Before Breakfast | Before Lunch | Before Dinner | Notes |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

What Are Your Favorite Exercises?

1. _____
2. _____
3. _____

Circle in your calendar which days you would plan to exercise. Ideally, you would want to train 3 times a week. You should at least maintain a 2 times/week exercise so that you can achieve a healthy acid alkaline level.

Planning & Design Your Meals

| Date | Breakfast | Lunch | Dinner |
|-----------|-----------|-------|--------|
| Monday | | | |
| Tuesday | | | |
| Wednesday | | | |
| Thursday | | | |
| Friday | | | |
| Saturday | | | |
| Sunday | | | |

My Alkaline Diet Journal

Date: _____

My Body

My Overall Energy Level: _____

How I feel after my meals: _____

My overall mood: _____

My weight: _____

Other (Blood pressure): _____

My Exercises

What exercise did I do: _____

For how long: _____

My heartbeat: _____

My Meals

| | Breakfast | Lunch | Dinner |
|----------------------------|-----------|-------|--------|
| What I ate | | | |
| How I felt after the meals | | | |

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