



Restore

Christian Care Disease Reversal

Food & Exercise Journal

Name: _____ Phone Number: _____

	Example Date: 10-3-09	Date:	Date:	Date:	Date:	Date:	Date:
Exercise (describe all physical activity here)	Brisk walk 60 minutes. Weight lift upper body 20 minutes						
Snack(s) and Beverage(s) that are not water: (include quantities)	1 green apple & 2 Date Nut Balls 1 cup of coffee 1 cup of green tea bag						
Time: Meal: Beverage: (include quantities)	7:30am ½ cup raw oats w/ ¼ cup Bberries and ½ banana. 1.5 cups Fruit Smoothie 50/50 frozen spinach and mixed fruit w/ ½ banana						
Time: Meal: (include quantities)	1:00pm 4 cups spring mix, ½ cup broccoli slaw, ½ cup black beans, carrots, & salsa. 1 slice leftover eggplant marinara						
Time: Meal: (include quantities)	7:00 2 cups Restore Minestrone Soup, 2 cups broccoli florets, ¼ cup baked apple crisp						
Cups / water	8-9 cups water						