

# My Fast Track Reintroduction by WholeFoodBoyz

Use these pages to record your Fast Track Results. While I strongly recommend you follow the order indicated on your Reintroduction Calendar, you are free to reintroduce food groups in a way that works best for you. The chart under the observations is to mark areas you noticed negative changes in from that reintroduction.

## DAY 1

Food Group: \_\_\_\_\_

\_\_\_\_\_

Reintroduced Foods: \_\_\_\_\_

\_\_\_\_\_

Day 1-3 Observations: \_\_\_\_\_

\_\_\_\_\_

|                                    |                                   |   |                                   |                                |
|------------------------------------|-----------------------------------|---|-----------------------------------|--------------------------------|
| <input type="checkbox"/> Digestive | <input type="checkbox"/> Cravings | <input type="checkbox"/> Attention/Focus      | <input type="checkbox"/> Headache | <input type="checkbox"/> Pain  |
| <input type="checkbox"/> Mood      | <input type="checkbox"/> Energy   | <input type="checkbox"/> Athletic performance | <input type="checkbox"/> Stress   | <input type="checkbox"/> Sleep |

## DAY 4

Food Group: \_\_\_\_\_

\_\_\_\_\_

Reintroduced Foods: \_\_\_\_\_

\_\_\_\_\_

Day 4-6 Observations: \_\_\_\_\_

\_\_\_\_\_

|                                    |                                   |   |                                   |                                |
|------------------------------------|-----------------------------------|---|-----------------------------------|--------------------------------|
| <input type="checkbox"/> Digestive | <input type="checkbox"/> Cravings | <input type="checkbox"/> Attention/Focus      | <input type="checkbox"/> Headache | <input type="checkbox"/> Pain  |
| <input type="checkbox"/> Mood      | <input type="checkbox"/> Energy   | <input type="checkbox"/> Athletic performance | <input type="checkbox"/> Stress   | <input type="checkbox"/> Sleep |

## DAY 7

Food Group: \_\_\_\_\_

\_\_\_\_\_

Reintroduced Foods: \_\_\_\_\_

\_\_\_\_\_

Day 7-9 Observations: \_\_\_\_\_

\_\_\_\_\_

|                                    |                                   |   |                                   |                                |
|------------------------------------|-----------------------------------|---|-----------------------------------|--------------------------------|
| <input type="checkbox"/> Digestive | <input type="checkbox"/> Cravings | <input type="checkbox"/> Attention/Focus      | <input type="checkbox"/> Headache | <input type="checkbox"/> Pain  |
| <input type="checkbox"/> Mood      | <input type="checkbox"/> Energy   | <input type="checkbox"/> Athletic performance | <input type="checkbox"/> Stress   | <input type="checkbox"/> Sleep |

## DAY 10

Food Group: \_\_\_\_\_

Reintroduced Foods: \_\_\_\_\_

Day 10-12 Observations: \_\_\_\_\_

|                                    |                                   |   |                                   |                                |
|------------------------------------|-----------------------------------|---|-----------------------------------|--------------------------------|
| <input type="checkbox"/> Digestive | <input type="checkbox"/> Cravings | <input type="checkbox"/> Attention/Focus      | <input type="checkbox"/> Headache | <input type="checkbox"/> Pain  |
| <input type="checkbox"/> Mood      | <input type="checkbox"/> Energy   | <input type="checkbox"/> Athletic performance | <input type="checkbox"/> Stress   | <input type="checkbox"/> Sleep |

## DAY 13 (Optional)

Food Group: \_\_\_\_\_

Reintroduced Foods: \_\_\_\_\_

Day 13-15 Observations: \_\_\_\_\_

|                                    |                                   |   |                                   |                                |
|------------------------------------|-----------------------------------|---|-----------------------------------|--------------------------------|
| <input type="checkbox"/> Digestive | <input type="checkbox"/> Cravings | <input type="checkbox"/> Attention/Focus      | <input type="checkbox"/> Headache | <input type="checkbox"/> Pain  |
| <input type="checkbox"/> Mood      | <input type="checkbox"/> Energy   | <input type="checkbox"/> Athletic performance | <input type="checkbox"/> Stress   | <input type="checkbox"/> Sleep |

## My Program Take-aways

My proudest accomplishments: \_\_\_\_\_

Things I will incorporate into my life: \_\_\_\_\_

What I want my Food Freedom to look like: \_\_\_\_\_

