

# My Fast Track Reintroduction

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: \_\_\_\_\_

