

The MindFlex Cleanse Journal

Day 4

Date _____

TIME	MEAL/BEVERAGE	QUESTIONNAIRE
BREAKFAST		How many hours of sleep did you get? _____
SNACK		What was your fasting window? _____
LUNCH		How much water did you drink? _____
SNACK		How hungry are you throughout the day? (answer scale 1-10) _____
DINNER		Describe your general mood: _____
Notes		