



Herbal Magic[®]
WEIGHT LOSS & NUTRITION

TRANSFORMATION JOURNAL

EAT WELL | BE WELL | LIVE WELL

www.herbalmagic.ca

My Servings

Here are your daily servings for easy reference.
As you lose weight, your servings may change.

Date _____ Weight _____ lbs.

Eight 8 oz glasses of water each day.

Protein

Vegetable

Free Exchange*

Starch

Dairy

Extra*

Fruit

Fat

Optional*

Core Natural Health Products _____

Date _____ Weight _____ lbs.

Eight 8 oz glasses of water each day.

Protein

Vegetable

Free Exchange*

Starch

Dairy

Extra*

Fruit

Fat

Optional*

Core Natural Health Products _____

Journaling Tips

Your Food Journal helps you keep track of food choices you make and more. Fill in the details of what you ate at each meal so you and your Personal Health Coach can review together.

- 1 Consistency is important (and motivating!). Record your weight (and inch loss) on the same day every week.

Weight **185** lbs.

- 2 Record the Core Natural Health Products you're taking; noting the meal at which you took them by using the check boxes (**B** Breakfast, **L** Lunch, **D** Dinner). Your Personal Health Coach will indicate the Natural Health Products that are core to your program.

Core Natural Health Products

Foundation Multi

B	L	D
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Green Coffee Bean

Garcinia

- 3 Your Coach will indicate the food servings for your program (see the previous page). Follow the number of servings listed and check each box based on the appropriate servings at each meal and snack. Block out the servings you don't use so you don't accidentally go over your daily servings.

Protein

Starch

Fruit

Vegetable

- 4 Drinking water is as important as following the food guidelines, so check each box with every 8 oz glass of water you drink. If you drink anything other than water, include that too.

Water

- 5 The boxed section of the Food Journal allows you to track what you selected from the Food Selection Guide and how it was prepared (i.e. Check each food serving and record the actual food eaten for each serving).

BREAKFAST

Morning Snack

1/3 cup uncooked rolled oats
1/4 cup cottage cheese

1 cup celery

- 6 We highly recommend exercise, particularly walking, during your program. Record your exercise regimen as well as the number of steps you take per day (if you use a pedometer).
PS: aim for 10,000 steps a day.

EXERCISE / NOTES

Light Walk 10 mins!

- 7 Because your emotional state is so crucial to your success, track your mood using the mood icons (😊 😐 😞). Indicate your current mood with a circle or line under the icon that best represents how you feel that day.
- 8 Be honest. You won't be criticized or judged. Your Personal Health Coach will review your journal entries during each session. The more information you write down, the more insights, tips, and support you'll receive in return.

My Day

S M T W T F S

Date _____ Weight _____ lbs. My Mood 😊 😐 😞

Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Protein	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Starch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fruit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Vegetable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Dairy							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Fat							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Free Exch.							<input type="checkbox"/>				
Extras							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

BREAKFAST	Time: _____	Morning Snack
LUNCH	Time: _____	Afternoon Snack
DINNER	Time: _____	Evening Snack

EXERCISE / NOTES

STEP COUNT

Core Natural Health Products

B L D

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Supplements

My Day

S M T W T F S

Date _____ Weight _____ lbs. My Mood 😊 😐 😞

Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Protein	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Starch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fruit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Vegetable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Dairy							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Fat							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Free Exch.							<input type="checkbox"/>				
Extras							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

BREAKFAST	Time: _____	Morning Snack
LUNCH	Time: _____	Afternoon Snack
DINNER	Time: _____	Evening Snack

EXERCISE / NOTES

STEP COUNT

Core Natural Health Products

B L D

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Supplements

My Day

S M T W T F S

Date _____ Weight _____ lbs. My Mood 😊 😐 😞

Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Protein	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Starch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Fruit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Vegetable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Dairy							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Fat							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Free Exch.							<input type="checkbox"/>					
Extras							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

BREAKFAST Time: _____ Morning Snack

Blank area for breakfast notes and meal details.

LUNCH Time: _____ Afternoon Snack

Blank area for lunch notes and meal details.

DINNER Time: _____ Evening Snack

Blank area for dinner notes and meal details.

EXERCISE / NOTES

STEP COUNT

Core Natural Health Products

B L D

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Supplements

My Day

S M T W T F S

Date _____ Weight _____ lbs. My Mood 😊 😐 😞

Water	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Dairy	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Protein	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Fat	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Starch	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Free Exch.	<input type="checkbox"/>
Fruit	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Extras	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Vegetable	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

BREAKFAST	Time: _____	Morning Snack
LUNCH	Time: _____	Afternoon Snack
DINNER	Time: _____	Evening Snack

EXERCISE / NOTES

STEP COUNT

Core Natural Health Products

B L D

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Supplements

Vegetable

	SERVING SIZE	GI
Alfalfa sprouts	2 cups	15
Artichokes	1/4 cup, cooked	15
Arugula	2 cups	-
Asparagus	1 cup	15
Bamboo shoots	1/2 cup	-
Bean sprouts	1/2 cup	39
Beet greens	2 cups	-
Beets	1/2 cup	65
Bitter melon	1 cup	-
Bok choy	2 cups	-
Broccoflower	1 cup	-
Broccoli	1 cup	10
Broccolini	1 cup	-
Brussels sprouts	1/2 cup	15
Cabbage	1 cup	10
Carrots	1/2 cup	66
Cassava	0.5 oz (14 grams) 3 tsp.	-
Cauliflower	1 cup	30
Celery	2 cups	14
Collard greens	2 cups	-
Corn	1/2 medium ear	53
Corn (niblets)	1/4 cup	47
Cucumber	1 cup	15
Daikon	2 cups	-
Dandelion greens	1 cup	-
Dried vegetables 🍷	1/4 cup	-
Eddoe	1/4 cup, cooked	61
Eggplant	1 cup	16
Endive	2 cups	-
Fennel bulb	1 cup	-
Fiddleheads	1/2 cup	-
Green peas	1/4 cup	48
Jicama	1/2 cup	-
Kale	1 cup	50
Kohlrabi	1/2 cup	20
Leeks	1/2 cup	17
Lettuce	2 cups	15
Lotus root	1/4 cup, cooked	-
Mesclun (mix or blend)	2 cups	-

Vegetable continued

	SERVING SIZE	GI
Mushrooms	1 cup	15
Mustard greens	2 cups	-
Okra	1 cup	15
Onions	1/2 cup	17
Parsnips	1/4 cup	97
Peppers	1 cup	42
Pumpkin	1 cup	75
Radicchio	2 cups	-
Radishes	1 cup	15
Rapini	2 cups	-
Rutabaga	1/2 cup	72
Sauerkraut (not to exceed 3x per week)	1 cup	43
Shallots	1/4 cup	17
Snowpeas	1 cup	-
Spinach	2 cups	15
Squash	1/2 cup	41
Squash, spaghetti	1 cup	41
String beans (green, yellow)	1 cup	26
Sugar snap peas	1 cup	-
Sweet potato	1/4 cup	54
Swiss chard	2 cups	-
Taro root	1/4 cup	77
Tomato	1 cup or 1 large	16
Tomato, cherry	10	15
Tomato, grape	1 cup	15
Tomato, plum	3	15
Turnips	1/2 cup	15
Water chestnuts	1/4 cup	40
Watercress	2 cups	15
Zucchini	1 cup	16



Some quotes from our coaches!

Pay attention to your body and how you feel - that's the actual

Believe in your ability to lose weight and keep it off.

It's about progress, not perfection.

Tackle each day, one step at a time.

Be friends with food, and you will learn to enjoy all of your favourites in moderation.

