

## Day 1—What did you eat today?

Smoothie \_\_\_\_\_

Breakfast \_\_\_\_\_

Snack \_\_\_\_\_

Lunch \_\_\_\_\_

Smoothie/Snack \_\_\_\_\_

Dinner \_\_\_\_\_

Beverages \_\_\_\_\_

How many ounces of water? \_\_\_\_\_ Did you exercise? Y N  
Energy: Low Med High Digestion: Good Poor # of Bowel Movements \_\_\_\_\_

Other purification techniques? \_\_\_\_\_

How are you feeling? \_\_\_\_\_

## Food and Detox Experience Journal

## Day 2—What did you eat today?

Smoothie \_\_\_\_\_

Breakfast \_\_\_\_\_

Snack \_\_\_\_\_

Lunch \_\_\_\_\_

Smoothie/Snack \_\_\_\_\_

Dinner \_\_\_\_\_

Beverages \_\_\_\_\_

How many ounces of water? \_\_\_\_\_ Did you exercise? Y N  
Energy: Low Med High Digestion: Good Poor # of Bowel Movements \_\_\_\_\_

Other purification techniques? \_\_\_\_\_

How are you feeling? \_\_\_\_\_



## Day 3—What did you eat today?

Smoothie \_\_\_\_\_

Breakfast \_\_\_\_\_

Snack \_\_\_\_\_

Lunch \_\_\_\_\_

Smoothie/Snack \_\_\_\_\_

Dinner \_\_\_\_\_

Beverages \_\_\_\_\_

How many ounces of water? \_\_\_\_\_ Did you exercise? Y N  
Energy: Low Med High Digestion: Good Poor # of Bowel Movements \_\_\_\_\_

Other purification techniques? \_\_\_\_\_

How are you feeling? \_\_\_\_\_

## Food and Detox Experience Journal

## Day 4—What did you eat today?

Smoothie \_\_\_\_\_

Breakfast \_\_\_\_\_

Snack \_\_\_\_\_

Lunch \_\_\_\_\_

Smoothie/Snack \_\_\_\_\_

Dinner \_\_\_\_\_

Beverages \_\_\_\_\_

How many ounces of water? \_\_\_\_\_ Did you exercise? Y N  
Energy: Low Med High Digestion: Good Poor # of Bowel Movements \_\_\_\_\_

Other purification techniques? \_\_\_\_\_

How are you feeling? \_\_\_\_\_



## Day 5—What did you eat today?

Smoothie \_\_\_\_\_

Breakfast \_\_\_\_\_

Snack \_\_\_\_\_

Lunch \_\_\_\_\_

Smoothie/Snack \_\_\_\_\_

Dinner \_\_\_\_\_

Beverages \_\_\_\_\_

How many ounces of water? \_\_\_\_\_ Did you exercise? Y N  
Energy: Low Med High Digestion: Good Poor # of Bowel Movements \_\_\_\_\_

Other purification techniques? \_\_\_\_\_

How are you feeling? \_\_\_\_\_

## Food and Detox Experience Journal



## Day 6—What did you eat today?

Smoothie \_\_\_\_\_

Breakfast \_\_\_\_\_

Snack \_\_\_\_\_

Lunch \_\_\_\_\_

Smoothie/Snack \_\_\_\_\_

Dinner \_\_\_\_\_

Beverages \_\_\_\_\_

How many ounces of water? \_\_\_\_\_ Did you exercise? Y N  
Energy: Low Med High Digestion: Good Poor # of Bowel Movements \_\_\_\_\_

Other purification techniques? \_\_\_\_\_

How are you feeling? \_\_\_\_\_

## Day 7—What did you eat today?

Smoothie \_\_\_\_\_

Breakfast \_\_\_\_\_

Snack \_\_\_\_\_

Lunch \_\_\_\_\_

Smoothie/Snack \_\_\_\_\_

Dinner \_\_\_\_\_

Beverages \_\_\_\_\_

How many ounces of water? \_\_\_\_\_ Did you exercise? Y N  
Energy: Low Med High Digestion: Good Poor # of Bowel Movements \_\_\_\_\_

Other purification techniques? \_\_\_\_\_

How are you feeling? \_\_\_\_\_

## Food and Detox Experience Journal



## Day 8—What did you eat today?

Smoothie \_\_\_\_\_

Breakfast \_\_\_\_\_

Snack \_\_\_\_\_

Lunch \_\_\_\_\_

Smoothie/Snack \_\_\_\_\_

Dinner \_\_\_\_\_

Beverages \_\_\_\_\_

How many ounces of water? \_\_\_\_\_ Did you exercise? Y N  
Energy: Low Med High Digestion: Good Poor # of Bowel Movements \_\_\_\_\_

Other purification techniques? \_\_\_\_\_

How are you feeling? \_\_\_\_\_

## Day 9—What did you eat today?

Smoothie \_\_\_\_\_

Breakfast \_\_\_\_\_

Snack \_\_\_\_\_

Lunch \_\_\_\_\_

Smoothie/Snack \_\_\_\_\_

Dinner \_\_\_\_\_

Beverages \_\_\_\_\_

How many ounces of water? \_\_\_\_\_ Did you exercise? Y N

Energy: Low Med High Digestion: Good Poor # of Bowel Movements \_\_\_\_\_

Other purification techniques? \_\_\_\_\_

How are you feeling? \_\_\_\_\_

## Food and Detox Experience Journal



## Day 10—What did you eat today?

Smoothie \_\_\_\_\_

Breakfast \_\_\_\_\_

Snack \_\_\_\_\_

Lunch \_\_\_\_\_

Smoothie/Snack \_\_\_\_\_

Dinner \_\_\_\_\_

Beverages \_\_\_\_\_

How many ounces of water? \_\_\_\_\_ Did you exercise? Y N

Energy: Low Med High Digestion: Good Poor # of Bowel Movements \_\_\_\_\_

Other purification techniques? \_\_\_\_\_

How are you feeling? \_\_\_\_\_

## Day 11—What did you eat today?

Smoothie \_\_\_\_\_

Breakfast \_\_\_\_\_

Snack \_\_\_\_\_

Lunch \_\_\_\_\_

Smoothie/Snack \_\_\_\_\_

Dinner \_\_\_\_\_

Beverages \_\_\_\_\_

How many ounces of water? \_\_\_\_\_ Did you exercise? Y N

Energy: Low Med High Digestion: Good Poor # of Bowel Movements \_\_\_\_\_

Other purification techniques? \_\_\_\_\_

How are you feeling? \_\_\_\_\_

## Food and Detox Experience Journal



## Day 12—What did you eat today?

Smoothie \_\_\_\_\_

Breakfast \_\_\_\_\_

Snack \_\_\_\_\_

Lunch \_\_\_\_\_

Smoothie/Snack \_\_\_\_\_

Dinner \_\_\_\_\_

Beverages \_\_\_\_\_

How many ounces of water? \_\_\_\_\_ Did you exercise? Y N

Energy: Low Med High Digestion: Good Poor # of Bowel Movements \_\_\_\_\_

Other purification techniques? \_\_\_\_\_

How are you feeling? \_\_\_\_\_

## Day 13—What did you eat today?

Smoothie \_\_\_\_\_

Breakfast \_\_\_\_\_

Snack \_\_\_\_\_

Lunch \_\_\_\_\_

Smoothie/Snack \_\_\_\_\_

Dinner \_\_\_\_\_

Beverages \_\_\_\_\_

How many ounces of water? \_\_\_\_\_ Did you exercise? Y N

Energy: Low Med High Digestion: Good Poor # of Bowel Movements \_\_\_\_\_

Other purification techniques? \_\_\_\_\_

How are you feeling? \_\_\_\_\_

## Food and Detox Experience Journal



## Day 14—What did you eat today?

Smoothie \_\_\_\_\_

Breakfast \_\_\_\_\_

Snack \_\_\_\_\_

Lunch \_\_\_\_\_

Smoothie/Snack \_\_\_\_\_

Dinner \_\_\_\_\_

Beverages \_\_\_\_\_

How many ounces of water? \_\_\_\_\_ Did you exercise? Y N

Energy: Low Med High Digestion: Good Poor # of Bowel Movements \_\_\_\_\_

Other purification techniques? \_\_\_\_\_

How are you feeling? \_\_\_\_\_

## Day 15—What did you eat today?

Smoothie \_\_\_\_\_

Breakfast \_\_\_\_\_

Snack \_\_\_\_\_

Lunch \_\_\_\_\_

Smoothie/Snack \_\_\_\_\_

Dinner \_\_\_\_\_

Beverages \_\_\_\_\_

How many ounces of water? \_\_\_\_\_ Did you exercise? Y N

Energy: Low Med High Digestion: Good Poor # of Bowel Movements \_\_\_\_\_

Other purification techniques? \_\_\_\_\_

How are you feeling? \_\_\_\_\_

## Food and Detox Experience Journal



## Day 16—What did you eat today?

Smoothie \_\_\_\_\_

Breakfast \_\_\_\_\_

Snack \_\_\_\_\_

Lunch \_\_\_\_\_

Smoothie/Snack \_\_\_\_\_

Dinner \_\_\_\_\_

Beverages \_\_\_\_\_

How many ounces of water? \_\_\_\_\_ Did you exercise? Y N

Energy: Low Med High Digestion: Good Poor # of Bowel Movements \_\_\_\_\_

Other purification techniques? \_\_\_\_\_

How are you feeling? \_\_\_\_\_

## Day 17—What did you eat today?

Smoothie \_\_\_\_\_

Breakfast \_\_\_\_\_

Snack \_\_\_\_\_

Lunch \_\_\_\_\_

Smoothie/Snack \_\_\_\_\_

Dinner \_\_\_\_\_

Beverages \_\_\_\_\_

How many ounces of water? \_\_\_\_\_ Did you exercise? Y N  
Energy: Low Med High Digestion: Good Poor # of Bowel Movements \_\_\_\_\_

Other purification techniques? \_\_\_\_\_

How are you feeling? \_\_\_\_\_

## Food and Detox Experience Journal



## Day 18—What did you eat today?

Smoothie \_\_\_\_\_

Breakfast \_\_\_\_\_

Snack \_\_\_\_\_

Lunch \_\_\_\_\_

Smoothie/Snack \_\_\_\_\_

Dinner \_\_\_\_\_

Beverages \_\_\_\_\_

How many ounces of water? \_\_\_\_\_ Did you exercise? Y N  
Energy: Low Med High Digestion: Good Poor # of Bowel Movements \_\_\_\_\_

Other purification techniques? \_\_\_\_\_

How are you feeling? \_\_\_\_\_

## Day 19—What did you eat today?

Smoothie \_\_\_\_\_

Breakfast \_\_\_\_\_

Snack \_\_\_\_\_

Lunch \_\_\_\_\_

Smoothie/Snack \_\_\_\_\_

Dinner \_\_\_\_\_

Beverages \_\_\_\_\_

How many ounces of water? \_\_\_\_\_ Did you exercise? Y N  
Energy: Low Med High Digestion: Good Poor # of Bowel Movements \_\_\_\_\_

Other purification techniques? \_\_\_\_\_

How are you feeling? \_\_\_\_\_

## Food and Detox Experience Journal



## Day 20—What did you eat today?

Smoothie \_\_\_\_\_

Breakfast \_\_\_\_\_

Snack \_\_\_\_\_

Lunch \_\_\_\_\_

Smoothie/Snack \_\_\_\_\_

Dinner \_\_\_\_\_

Beverages \_\_\_\_\_

How many ounces of water? \_\_\_\_\_ Did you exercise? Y N  
Energy: Low Med High Digestion: Good Poor # of Bowel Movements \_\_\_\_\_

Other purification techniques? \_\_\_\_\_

How are you feeling? \_\_\_\_\_

## Day 21—What did you eat today?

Smoothie \_\_\_\_\_

Breakfast \_\_\_\_\_

Snack \_\_\_\_\_

Lunch \_\_\_\_\_

Smoothie/Snack \_\_\_\_\_

Dinner \_\_\_\_\_

Beverages \_\_\_\_\_

How many ounces of water? \_\_\_\_\_ Did you exercise? Y N

Energy: Low Med High Digestion: Good Poor # of Bowel Movements \_\_\_\_\_

Other purification techniques? \_\_\_\_\_

How are you feeling? \_\_\_\_\_

## Food and Detox Experience Journal



### Post-Purification

Smoothie \_\_\_\_\_

Breakfast \_\_\_\_\_

Snack \_\_\_\_\_

Lunch \_\_\_\_\_

Smoothie/Snack \_\_\_\_\_

Dinner \_\_\_\_\_

Beverages \_\_\_\_\_

Food group being reintroduced: Dairy Grains Eggs Other \_\_\_\_\_

How do you feel after eating this food? Better Worse

Describe \_\_\_\_\_

How many ounces of water? \_\_\_\_\_ Did you exercise? Y N

Energy: Low Med High Digestion: Good Poor # of Bowel Movements \_\_\_\_\_

## Post-Purification

Smoothie \_\_\_\_\_

Breakfast \_\_\_\_\_

Snack \_\_\_\_\_

Lunch \_\_\_\_\_

Smoothie/Snack \_\_\_\_\_

Dinner \_\_\_\_\_

Beverages \_\_\_\_\_

Food group being reintroduced: Dairy Grains Eggs Other \_\_\_\_\_

How do you feel after eating this food? Better Worse

Describe \_\_\_\_\_

How many ounces of water? \_\_\_\_\_ Did you exercise? Y N

Energy: Low Med High Digestion: Good Poor # of Bowel Movements \_\_\_\_\_

## Food and Detox Experience Journal



### Post-Purification

Smoothie \_\_\_\_\_

Breakfast \_\_\_\_\_

Snack \_\_\_\_\_

Lunch \_\_\_\_\_

Smoothie/Snack \_\_\_\_\_

Dinner \_\_\_\_\_

Beverages \_\_\_\_\_

Food group being reintroduced: Dairy Grains Eggs Other \_\_\_\_\_

How do you feel after eating this food? Better Worse

Describe \_\_\_\_\_

How many ounces of water? \_\_\_\_\_ Did you exercise? Y N

Energy: Low Med High Digestion: Good Poor # of Bowel Movements \_\_\_\_\_

## Post-Purification

Smoothie \_\_\_\_\_

Breakfast \_\_\_\_\_

Snack \_\_\_\_\_

Lunch \_\_\_\_\_

Smoothie/Snack \_\_\_\_\_

Dinner \_\_\_\_\_

Beverages \_\_\_\_\_

Food group being reintroduced: Dairy Grains Eggs Other \_\_\_\_\_

How do you feel after eating this food? Better Worse

Describe \_\_\_\_\_

How many ounces of water? \_\_\_\_\_ Did you exercise? Y N

Energy: Low Med High Digestion: Good Poor # of Bowel Movements \_\_\_\_\_

## Food and Detox Experience Journal



## Post-Purification

Smoothie \_\_\_\_\_

Breakfast \_\_\_\_\_

Snack \_\_\_\_\_

Lunch \_\_\_\_\_

Smoothie/Snack \_\_\_\_\_

Dinner \_\_\_\_\_

Beverages \_\_\_\_\_

Food group being reintroduced: Dairy Grains Eggs Other \_\_\_\_\_

How do you feel after eating this food? Better Worse

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How many ounces of water? \_\_\_\_\_ Did you exercise? Y N

Energy: Low Med High Digestion: Good Poor # of Bowel Movements \_\_\_\_\_

## Post-Purification

Smoothie \_\_\_\_\_

Breakfast \_\_\_\_\_

Snack \_\_\_\_\_

Lunch \_\_\_\_\_

Smoothie/Snack \_\_\_\_\_

Dinner \_\_\_\_\_

Beverages \_\_\_\_\_

Food group being reintroduced: Dairy Grains Eggs Other \_\_\_\_\_

How do you feel after eating this food? Better Worse

Describe \_\_\_\_\_

How many ounces of water? \_\_\_\_\_ Did you exercise? Y N

Energy: Low Med High Digestion: Good Poor # of Bowel Movements \_\_\_\_\_

## Food and Detox Experience Journal



## Post-Purification

Smoothie \_\_\_\_\_

Breakfast \_\_\_\_\_

Snack \_\_\_\_\_

Lunch \_\_\_\_\_

Smoothie/Snack \_\_\_\_\_

Dinner \_\_\_\_\_

Beverages \_\_\_\_\_

Food group being reintroduced: Dairy Grains Eggs Other \_\_\_\_\_

How do you feel after eating this food? Better Worse

Describe \_\_\_\_\_

How many ounces of water? \_\_\_\_\_ Did you exercise? Y N

Energy: Low Med High Digestion: Good Poor # of Bowel Movements \_\_\_\_\_

## Post-Purification

Smoothie \_\_\_\_\_

Breakfast \_\_\_\_\_

Snack \_\_\_\_\_

Lunch \_\_\_\_\_

Smoothie/Snack \_\_\_\_\_

Dinner \_\_\_\_\_

Beverages \_\_\_\_\_

Food group being reintroduced: Dairy Grains Eggs Other \_\_\_\_\_

How do you feel after eating this food? Better Worse

Describe \_\_\_\_\_

How many ounces of water? \_\_\_\_\_ Did you exercise? Y N

Energy: Low Med High Digestion: Good Poor # of Bowel Movements \_\_\_\_\_

## Food and Detox Experience Journal



## Post-Purification

Smoothie \_\_\_\_\_

Breakfast \_\_\_\_\_

Snack \_\_\_\_\_

Lunch \_\_\_\_\_

Smoothie/Snack \_\_\_\_\_

Dinner \_\_\_\_\_

Beverages \_\_\_\_\_

Food group being reintroduced: Dairy Grains Eggs Other \_\_\_\_\_

How do you feel after eating this food? Better Worse

Describe \_\_\_\_\_

How many ounces of water? \_\_\_\_\_ Did you exercise? Y N

Energy: Low Med High Digestion: Good Poor # of Bowel Movements \_\_\_\_\_

## Post-Purification

Smoothie \_\_\_\_\_

Breakfast \_\_\_\_\_

Snack \_\_\_\_\_

Lunch \_\_\_\_\_

Smoothie/Snack \_\_\_\_\_

Dinner \_\_\_\_\_

Beverages \_\_\_\_\_

Food group being reintroduced: Dairy Grains Eggs Other \_\_\_\_\_

How do you feel after eating this food? Better Worse

Describe \_\_\_\_\_

How many ounces of water? \_\_\_\_\_ Did you exercise? Y N

Energy: Low Med High Digestion: Good Poor # of Bowel Movements \_\_\_\_\_

## Food and Detox Experience Journal



## Post-Purification

Smoothie \_\_\_\_\_

Breakfast \_\_\_\_\_

Snack \_\_\_\_\_

Lunch \_\_\_\_\_

Smoothie/Snack \_\_\_\_\_

Dinner \_\_\_\_\_

Beverages \_\_\_\_\_

Food group being reintroduced: Dairy Grains Eggs Other \_\_\_\_\_

How do you feel after eating this food? Better Worse

Describe \_\_\_\_\_

How many ounces of water? \_\_\_\_\_ Did you exercise? Y N

Energy: Low Med High Digestion: Good Poor # of Bowel Movements \_\_\_\_\_