



Food Journal The Complete Detox



Sarah Grace Powers
HOLISTIC LIFE COACH

Getting Started

Let's set the stage for your success and create some benchmarks.

What are your top 3 intentions or goals that you would like to have achieved at the end of 4 weeks?

1. _____
2. _____
3. _____

What conditions or symptoms are concerning to you right now?

1. _____
2. _____
3. _____

Your starting point

Date: _____

Weight: _____

Measurements:

Upper arm: _____ (measure right arm for consistency, midway between elbow and shoulder)

Chest: _____ (take just under bra line)

Belly button: _____ (parallel to the floor, even with belly button)

Hip: _____ (widest part of the hip)

Thigh: _____ (right leg, midway between knee and hip)

Calf: _____ (right leg, largest part of calf)

Total: _____ (this way you can see how many total inches you've released)

Now, take a few selfies - with very little clothing! LOL, you don't have to show anyone else. Take a front, side, and back view. Now do a close-up of your face/skin in good light. By the end of 4 weeks you will notice changes in all of these areas

Day 1

Wake Time: _____ Hours of sleep: _____

Quality of sleep (5 is best, 1 is worst)

1 2 3 4 5

Breakfast _____

Time _____

Lunch _____

Time _____

Dinner _____

Time _____

Snack(s) _____

Time(s) _____

Exercise/Movement: _____ (time/type)

Cravings: _____

Digestion and bowels

(times and types of BMs, any other digestive symptoms)

General Energy Level for day: 1 2 3 4 5 6 7 8 9 10

Physical or emotional symptoms: _____

Day 2

Wake Time: _____ Hours of sleep: _____

Quality of sleep (5 is best, 1 is worst)

1 2 3 4 5

Breakfast _____

Time _____

Lunch _____

Time _____

Dinner _____

Time _____

Snack(s) _____

Time(s) _____

Exercise/Movement: _____ (time/type)

Cravings: _____

Digestion and bowels

(times and types of BMs, any other digestive symptoms)

General Energy Level for day: 1 2 3 4 5 6 7 8 9 10

Physical or emotional symptoms: _____

Day 3

Wake Time: _____ Hours of sleep: _____

Quality of sleep (5 is best, 1 is worst)

1 2 3 4 5

Breakfast _____

Time _____

Lunch _____

Time _____

Dinner _____

Time _____

Snack(s) _____

Time(s) _____

Exercise/Movement: _____ (time/type)

Cravings: _____

Digestion and bowels

(times and types of BMs, any other digestive symptoms)

General Energy Level for day: 1 2 3 4 5 6 7 8 9 10

Physical or emotional symptoms: _____

Day 4

Wake Time: _____ Hours of sleep: _____

Quality of sleep (5 is best, 1 is worst)

1 2 3 4 5

Breakfast _____

Time _____

Lunch _____

Time _____

Dinner _____

Time _____

Snack(s) _____

Time(s) _____

Exercise/Movement: _____ (time/type)

Cravings: _____

Digestion and bowels

(times and types of BMs, any other digestive symptoms)

General Energy Level for day: 1 2 3 4 5 6 7 8 9 10

Physical or emotional symptoms: _____

Day 5

Wake Time: _____ Hours of sleep: _____

Quality of sleep (5 is best, 1 is worst)

1 2 3 4 5

Breakfast _____

Time _____

Lunch _____

Time _____

Dinner _____

Time _____

Snack(s) _____

Time(s) _____

Exercise/Movement: _____ (time/type)

Cravings: _____

Digestion and bowels

(times and types of BMs, any other digestive symptoms)

General Energy Level for day: 1 2 3 4 5 6 7 8 9 10

Physical or emotional symptoms: _____

Day 6

Wake Time: _____ Hours of sleep: _____

Quality of sleep (5 is best, 1 is worst)

1 2 3 4 5

Breakfast _____

Time _____

Lunch _____

Time _____

Dinner _____

Time _____

Snack(s) _____

Time(s) _____

Exercise/Movement: _____ (time/type)

Cravings: _____

Digestion and bowels

(times and types of BMs, any other digestive symptoms)

General Energy Level for day: 1 2 3 4 5 6 7 8 9 10

Physical or emotional symptoms: _____

Day 7

Wake Time: _____ Hours of sleep: _____

Quality of sleep (5 is best, 1 is worst)

1 2 3 4 5

Breakfast _____

Time _____

Lunch _____

Time _____

Dinner _____

Time _____

Snack(s) _____

Time(s) _____

Exercise/Movement: _____ (time/type)

Cravings: _____

Digestion and bowels

(times and types of BMs, any other digestive symptoms)

General Energy Level for day: 1 2 3 4 5 6 7 8 9 10

Physical or emotional symptoms: _____

WEEK 2

Date: _____

Weight: _____

Measurements:

Upper arm: _____ (measure right arm for consistency, midway between elbow and shoulder)

Chest: _____ (take just under bra line)

Belly button: _____ (parallel to the floor, even with belly button)

Hip: _____ (widest part of the hip)

Thigh: _____ (right leg, midway between knee and hip)

Calf: _____ (right leg, largest part of calf)

Total: _____ (this way you can see how many total inches you've released)

Day 8

Wake Time: _____ Hours of sleep: _____

Quality of sleep (5 is best, 1 is worst)

1 2 3 4 5

Breakfast _____

Time _____

Lunch _____

Time _____

Dinner _____

Time _____

Snack(s) _____

Time(s) _____

Exercise/Movement: _____ (time/type)

Cravings: _____

Digestion and bowels

(times and types of BMs, any other digestive symptoms)

General Energy Level for day: 1 2 3 4 5 6 7 8 9 10

Physical or emotional symptoms: _____

Day 9

Wake Time: _____ Hours of sleep: _____

Quality of sleep (5 is best, 1 is worst)

1 2 3 4 5

Breakfast _____

Time _____

Lunch _____

Time _____

Dinner _____

Time _____

Snack(s) _____

Time(s) _____

Exercise/Movement: _____ (time/type)

Cravings: _____

Digestion and bowels

(times and types of BMs, any other digestive symptoms)

General Energy Level for day: 1 2 3 4 5 6 7 8 9 10

Physical or emotional symptoms: _____

Day 10

3

Wake Time: _____ Hours of sleep: _____

Quality of sleep (5 is best, 1 is worst)

1 2 3 4 5

Breakfast _____

Time _____

Lunch _____

Time _____

Dinner _____

Time _____

Snack(s) _____

Time(s) _____

Exercise/Movement: _____ (time/type)

Cravings: _____

Digestion and bowels

(times and types of BMs, any other digestive symptoms)

General Energy Level for day: 1 2 3 4 5 6 7 8 9 10

Physical or emotional symptoms: _____

Day 11

Wake Time: _____ Hours of sleep: _____

Quality of sleep (5 is best, 1 is worst)

1 2 3 4 5

Breakfast _____

Time _____

Lunch _____

Time _____

Dinner _____

Time _____

Snack(s) _____

Time(s) _____

Exercise/Movement: _____ (time/type)

Cravings: _____

Digestion and bowels

(times and types of BMs, any other digestive symptoms)

General Energy Level for day: 1 2 3 4 5 6 7 8 9 10

Physical or emotional symptoms: _____

Day 12

Wake Time: _____ Hours of sleep: _____

Quality of sleep (5 is best, 1 is worst)

1 2 3 4 5

Breakfast _____

Time _____

Lunch _____

Time _____

Dinner _____

Time _____

Snack(s) _____

Time(s) _____

Exercise/Movement: _____ (time/type)

Cravings: _____

Digestion and bowels

(times and types of BMs, any other digestive symptoms)

General Energy Level for day: 1 2 3 4 5 6 7 8 9 10

Physical or emotional symptoms: _____

Day 13

Wake Time: _____ Hours of sleep: _____

Quality of sleep (5 is best, 1 is worst)

1 2 3 4 5

Breakfast _____

Time _____

Lunch _____

Time _____

Dinner _____

Time _____

Snack(s) _____

Time(s) _____

Exercise/Movement: _____ (time/type)

Cravings: _____

Digestion and bowels

(times and types of BMs, any other digestive symptoms)

General Energy Level for day: 1 2 3 4 5 6 7 8 9 10

Physical or emotional symptoms: _____

Day 14

Wake Time: _____ Hours of sleep: _____

Quality of sleep (5 is best, 1 is worst)

1 2 3 4 5

Breakfast _____

Time _____

Lunch _____

Time _____

Dinner _____

Time _____

Snack(s) _____

Time(s) _____

Exercise/Movement: _____ (time/type)

Cravings: _____

Digestion and bowels

(times and types of BMs, any other digestive symptoms)

General Energy Level for day: 1 2 3 4 5 6 7 8 9 10

Physical or emotional symptoms: _____

WEEK 3

Date: _____

Weight: _____

Measurements:

Upper arm: _____ (measure right arm for consistency, midway between elbow and shoulder)

Chest: _____ (take just under bra line)

Belly button: _____ (parallel to the floor, even with belly button)

Hip: _____ (widest part of the hip)

Thigh: _____ (right leg, midway between knee and hip)

Calf: _____ (right leg, largest part of calf)

Total: _____ (this way you can see how many total inches you've released)

Day 15

Wake Time: _____ Hours of sleep: _____

Quality of sleep (5 is best, 1 is worst)

1 2 3 4 5

Breakfast _____

Time _____

Lunch _____

Time _____

Dinner _____

Time _____

Snack(s) _____

Time(s) _____

Exercise/Movement: _____ (time/type)

Cravings: _____

Digestion and bowels

(times and types of BMs, any other digestive symptoms)

General Energy Level for day: 1 2 3 4 5 6 7 8 9 10

Physical or emotional symptoms: _____

Day 16

Wake Time: _____ Hours of sleep: _____

Quality of sleep (5 is best, 1 is worst)

1 2 3 4 5

Breakfast _____

Time _____

Lunch _____

Time _____

Dinner _____

Time _____

Snack(s) _____

Time(s) _____

Exercise/Movement: _____ (time/type)

Cravings: _____

Digestion and bowels

(times and types of BMs, any other digestive symptoms)

General Energy Level for day: 1 2 3 4 5 6 7 8 9 10

Physical or emotional symptoms: _____

Day 17

Wake Time: _____ Hours of sleep: _____

Quality of sleep (5 is best, 1 is worst)

1 2 3 4 5

Breakfast _____

Time _____

Lunch _____

Time _____

Dinner _____

Time _____

Snack(s) _____

Time(s) _____

Exercise/Movement: _____ (time/type)

Cravings: _____

Digestion and bowels

(times and types of BMs, any other digestive symptoms)

General Energy Level for day: 1 2 3 4 5 6 7 8 9 10

Physical or emotional symptoms: _____

Day 18

Wake Time: _____ Hours of sleep: _____

Quality of sleep (5 is best, 1 is worst)

1 2 3 4 5

Breakfast _____

Time _____

Lunch _____

Time _____

Dinner _____

Time _____

Snack(s) _____

Time(s) _____

Exercise/Movement: _____ (time/type)

Cravings: _____

Digestion and bowels

(times and types of BMs, any other digestive symptoms)

General Energy Level for day: 1 2 3 4 5 6 7 8 9 10

Physical or emotional symptoms: _____

Day 19

Wake Time: _____ Hours of sleep: _____

Quality of sleep (5 is best, 1 is worst)

1 2 3 4 5

Breakfast _____

Time _____

Lunch _____

Time _____

Dinner _____

Time _____

Snack(s) _____

Time(s) _____

Exercise/Movement: _____ (time/type)

Cravings: _____

Digestion and bowels

(times and types of BMs, any other digestive symptoms)

General Energy Level for day: 1 2 3 4 5 6 7 8 9 10

Physical or emotional symptoms: _____

Re-introduce one of the following:

Gluten, Dairy, Eggs, Soy, Corn, Peanuts, Alcohol

Circle which one you pick and stick with this same food for 2-3 days
Changes in energy, skin, digestion, sleep on anything else today?

Day 20

Wake Time: _____ Hours of sleep: _____

Quality of sleep (5 is best, 1 is worst)

1 2 3 4 5

Breakfast _____

Time _____

Lunch _____

Time _____

Dinner _____

Time _____

Snack(s) _____

Time(s) _____

Exercise/Movement: _____ (time/type)

Cravings: _____

Digestion and bowels

(times and types of BMs, any other digestive symptoms)

General Energy Level for day: 1 2 3 4 5 6 7 8 9 10

Physical or emotional symptoms: _____

Re-introduce one of the following:

Gluten, Dairy, Eggs, Soy, Corn, Peanuts, Alcohol

Circle which one you pick and stick with this same food for 2-3 days
Changes in energy, skin, digestion, sleep on anything else today?

Day 21

Wake Time: _____ Hours of sleep: _____

Quality of sleep (5 is best, 1 is worst)

1 2 3 4 5

Breakfast _____

Time _____

Lunch _____

Time _____

Dinner _____

Time _____

Snack(s) _____

Time(s) _____

Exercise/Movement: _____ (time/type)

Cravings: _____

Digestion and bowels

(times and types of BMs, any other digestive symptoms)

General Energy Level for day: 1 2 3 4 5 6 7 8 9 10

Physical or emotional symptoms: _____

Re-introduce one of the following:

Gluten, Dairy, Eggs, Soy, Corn, Peanuts, Alcohol

Circle which one you pick and stick with this same food for 2-3 days
Changes in energy, skin, digestion, sleep on anything else today?

WEEK 4

Date: _____

Weight: _____

Measurements:

Upper arm: _____ (measure right arm for consistency, midway between elbow and shoulder)

Chest: _____ (take just under bra line)

Belly button: _____ (parallel to the floor, even with belly button)

Hip: _____ (widest part of the hip)

Thigh: _____ (right leg, midway between knee and hip)

Calf: _____ (right leg, largest part of calf)

Total: _____ (this way you can see how many total inches you've released)

Day 22

Wake Time: _____ Hours of sleep: _____

Quality of sleep (5 is best, 1 is worst)

1 2 3 4 5

Breakfast _____

Time _____

Lunch _____

Time _____

Dinner _____

Time _____

Snack(s) _____

Time(s) _____

Exercise/Movement: _____ (time/type)

Cravings: _____

Digestion and bowels

(times and types of BMs, any other digestive symptoms)

General Energy Level for day: 1 2 3 4 5 6 7 8 9 10

Physical or emotional symptoms: _____

Re-introduce one of the following:

Gluten, Dairy, Eggs, Soy, Corn, Peanuts, Alcohol

Circle which one you pick and stick with this same food for 2-3 days
Changes in energy, skin, digestion, sleep on anything else today?

Day 23

Wake Time: _____ Hours of sleep: _____

Quality of sleep (5 is best, 1 is worst)

1 2 3 4 5

Breakfast _____

Time _____

Lunch _____

Time _____

Dinner _____

Time _____

Snack(s) _____

Time(s) _____

Exercise/Movement: _____ (time/type)

Cravings: _____

Digestion and bowels

(times and types of BMs, any other digestive symptoms)

General Energy Level for day: 1 2 3 4 5 6 7 8 9 10

Physical or emotional symptoms: _____

Re-introduce one of the following:

Gluten, Dairy, Eggs, Soy, Corn, Peanuts, Alcohol

Circle which one you pick and stick with this same food for 2-3 days
Changes in energy, skin, digestion, sleep on anything else today?

Day 24

Wake Time: _____ Hours of sleep: _____

Quality of sleep (5 is best, 1 is worst)

1 2 3 4 5

Breakfast _____

Time _____

Lunch _____

Time _____

Dinner _____

Time _____

Snack(s) _____

Time(s) _____

Exercise/Movement: _____ (time/type)

Cravings: _____

Digestion and bowels

(times and types of BMs, any other digestive symptoms)

General Energy Level for day: 1 2 3 4 5 6 7 8 9 10

Physical or emotional symptoms: _____

Re-introduce one of the following:

Gluten, Dairy, Eggs, Soy, Corn, Peanuts, Alcohol

Circle which one you pick and stick with this same food for 2-3 days
Changes in energy, skin, digestion, sleep on anything else today?

Day 25

Wake Time: _____ Hours of sleep: _____

Quality of sleep (5 is best, 1 is worst)

1 2 3 4 5

Breakfast _____

Time _____

Lunch _____

Time _____

Dinner _____

Time _____

Snack(s) _____

Time(s) _____

Exercise/Movement: _____ (time/type)

Cravings: _____

Digestion and bowels

(times and types of BMs, any other digestive symptoms)

General Energy Level for day: 1 2 3 4 5 6 7 8 9 10

Physical or emotional symptoms: _____

Re-introduce one of the following:

Gluten, Dairy, Eggs, Soy, Corn, Peanuts, Alcohol

Circle which one you pick and stick with this same food for 2-3 days
Changes in energy, skin, digestion, sleep on anything else today?

Day 26

Wake Time: _____ Hours of sleep: _____

Quality of sleep (5 is best, 1 is worst)

1 2 3 4 5

Breakfast _____

Time _____

Lunch _____

Time _____

Dinner _____

Time _____

Snack(s) _____

Time(s) _____

Exercise/Movement: _____ (time/type)

Cravings: _____

Digestion and bowels

(times and types of BMs, any other digestive symptoms)

General Energy Level for day: 1 2 3 4 5 6 7 8 9 10

Physical or emotional symptoms: _____

Re-introduce one of the following:

Gluten, Dairy, Eggs, Soy, Corn, Peanuts, Alcohol

Circle which one you pick and stick with this same food for 2-3 days
Changes in energy, skin, digestion, sleep on anything else today?

Day 27

Wake Time: _____ Hours of sleep: _____

Quality of sleep (5 is best, 1 is worst)

1 2 3 4 5

Breakfast _____

Time _____

Lunch _____

Time _____

Dinner _____

Time _____

Snack(s) _____

Time(s) _____

Exercise/Movement: _____ (time/type)

Cravings: _____

Digestion and bowels

(times and types of BMs, any other digestive symptoms)

General Energy Level for day: 1 2 3 4 5 6 7 8 9 10

Physical or emotional symptoms: _____

Re-introduce one of the following:

Gluten, Dairy, Eggs, Soy, Corn, Peanuts, Alcohol

Circle which one you pick and stick with this same food for 2-3 days
Changes in energy, skin, digestion, sleep on anything else today?

Day 28

Wake Time: _____ Hours of sleep: _____

Quality of sleep (5 is best, 1 is worst)

1 2 3 4 5

Breakfast _____

Time _____

Lunch _____

Time _____

Dinner _____

Time _____

Snack(s) _____

Time(s) _____

Exercise/Movement: _____ (time/type)

Cravings: _____

Digestion and bowels

(times and types of BMs, any other digestive symptoms)

General Energy Level for day: 1 2 3 4 5 6 7 8 9 10

Physical or emotional symptoms: _____

Re-introduce one of the following:

Gluten, Dairy, Eggs, Soy, Corn, Peanuts, Alcohol

Circle which one you pick and stick with this same food for 2-3 days
Changes in energy, skin, digestion, sleep on anything else today?

You did it! You made it through the four weeks and you are well on the path to a more intuitive style of eating.

Let's take a look at where you're at now:

Date: _____

Weight: _____

Measurements:

Upper arm: _____ (measure right arm for consistency, midway between elbow and shoulder)

Chest: _____ (take just under bra line)

Belly button: _____ (parallel to the floor, even with belly button)

Hip: _____ (widest part of the hip)

Thigh: _____ (right leg, midway between knee and hip)

Calf: _____ (right leg, largest part of calf)

Total: _____ (this way you can see how many total inches you've released)

Total Change from when you started: _____

Take new pictures!

Notes: _____

Food that may be problematic and I will continue to eliminate for 3 more months:

Date I will try again: _____

Foods that are okay to include on a limited basis:

What I have noticed and learned from this experience:
