

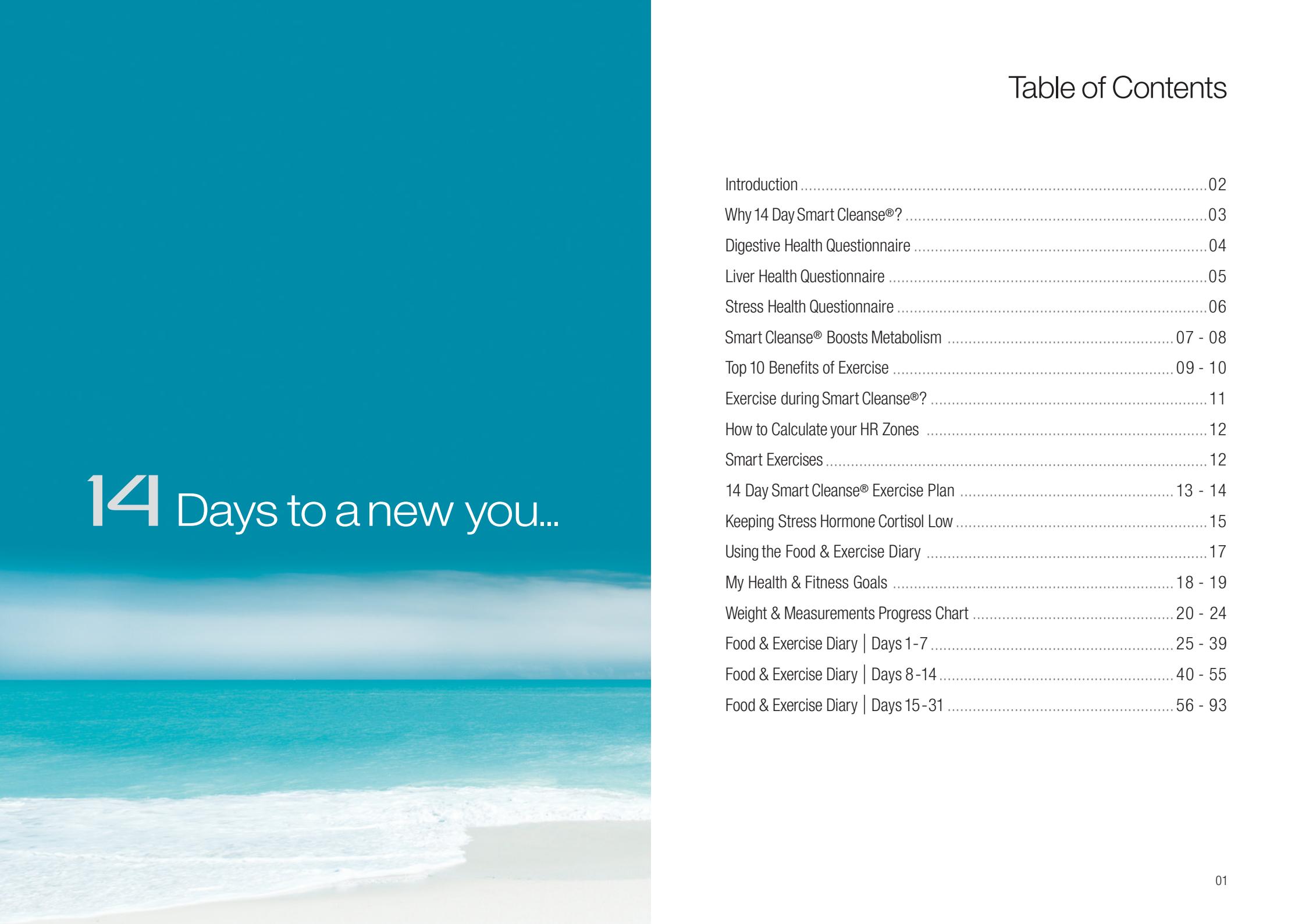


# Food & Exercise Diary



**14** Day Smart  
Cleanse®  
Premium Naturopathic **Detox** Program

# 14 Days to a new you...



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## Introduction

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Welcome and thank you for choosing Smart Cleanse®.

This Smart Cleanse® Food and Exercise Diary will help you stay on track by allowing you the opportunity to track your daily progress during both the detox and weight loss components of Smart Cleanse®, and to record your daily workouts.

By journaling every day you will be able to ensure that you are consuming the right portion and amount of carbohydrate for weight loss, weight maintenance, (or even weight gain), by tallying up carbohydrates consumed, and also ticking off when you consume your Smart Cleanse® detox products in the right order.

Adding up protein, fat, and calories isn't really necessary on Smart Cleanse® because in most cases, when the program is followed correctly, you will be consuming enough protein with 3 serves daily, and plenty of good fats for your health with 2 tablespoons daily.

Calorie counting isn't important either because you are consuming the perfect amount when your appetite is regulated and you are eating 3 Smart Cleanse® meals per day. Feel free to tally them up though so you can see how many you are eating, but just remember that weight loss or burning body fat comes down to restoring gut function, regulating your blood sugar levels, lowering excess insulin levels, and burning body fat as your main source of fuel.



## Why 14 Day Smart Cleanse®?

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Unlike other detoxification programs, Smart Cleanse® is naturally flavoured, high quality, potent, contains certified organic ingredients, and has been developed using the researched naturopathic and scientific principle of 'weed, seed and feed,' which addresses optimum gut function first, before it cleanses and supports your liver.

You cannot successfully detoxify with lasting results, without supporting your gut first.

Smart Cleanse® is in fact the only premium, practitioner grade, detox and weight management program that is straight out of the box and available on the shelf In Australia. It contains only naturally derived materials, no synthetics, maximum therapeutic doses, making the products highly bioavailable.

This program allows you to eat from the allowable food list contained in the Smart Cleanse® Instruction Manual comprised of delicious, organic, detox and weight loss recipes so there is no starvation either.

If you don't need to lose weight then it is advised to only follow the detox component and eat organic produce from all food groups except dairy. Also, if you are vegan, vegetarian or follow any other way of eating, you can adapt the dietary plan and recipes to suit your needs!

We hope you enjoy the program and gain a valuable wellness experience.

Embrace the power of health and vitality! Detox with Smart Cleanse® today!

*Savannah Daisley*

Savannah Daisley  
Founder of Smart Cleanse®  
Director of Research and Development



# Digestive Health Questionnaire

**Do you suffer from indigestion or heartburn?**

- A) Yes  
B) No

**Do you ever experience excessive belching, burping?**

- A) Yes  
B) No

**Do you feel bloated or full during or shortly after a meal?**

- A) Yes  
B) No

**Do you have bad breath?**

- A) Yes  
B) No

**Do you ever feel the sensation of food sitting in stomach for a prolonged period after a meal?**

- A) Yes  
B) No

**Do you ever experience loss of appetite or nausea?**

- A) Yes  
B) No

**Do you ever feel stomach pain and aches?**

- A) Yes  
B) No

**Do you feel hungry just an hour or two after eating?**

- A) Yes  
B) No

**Do you experience diarrhoea or constipation?**

- A) Yes  
B) No

**Do you have excessive passage of gas?**

- A) Yes  
B) No

**Is your hair dry and brittle and skin flaky and dry?**

- A) Yes  
B) No

**Upper abdominal pain or pain under ribs**

- A) Yes  
B) No

**Bloating or feeling of fullness after eating**

- A) Yes  
B) No

**Excessive belching or gas**

- A) Yes  
B) No

**Fatty foods cause indigestion or nausea**

- A) Yes  
B) No

**Loss of appetite**

- A) Yes  
B) No

**Nausea or vomiting**

- A) Yes  
B) No

**Unexplained itchy skin**

- A) Yes  
B) No

**Yellowish skin or eyes, or dark coloured urine**

- A) Yes  
B) No

**Fatigue, malaise or weakness**

- A) Yes  
B) No

**Fluid retention, oedema**

- A) Yes  
B) No

**Note:** If you answer yes to more than 3 of these questions then your Liver and overall wellbeing will stand to benefit enormously by embarking on Smart Cleanse®.

# Stress Questionnaire

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**Are you feeling stressed, nervous, tense, or unable to relax?**

- A) Yes
- B) No

**Are you feeling irritable or oversensitive?**

- A) Yes
- B) No

**Do you feel bloated or full during or shortly after a meal?**

- A) Yes
- B) No

**Do you ever feel overwhelmed, unable to cope?**

- A) Yes
- B) No

**Do you experience low mood, mood swings?**

- A) Yes
- B) No

**Do you find it difficult to concentrate, think clearly or have poor memory?**

- A) Yes
- B) No

**Note:** If you answer yes to more than 3 of these questions then your stress levels, nervous system, adrenal glands, and overall wellbeing will stand to benefit enormously by embarking on Smart Cleanse®.

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# Smart Cleanse® Boosts Metabolism

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## ✓ Increasing your water intake

When researchers measured people's metabolic rate before and after downing approximately 500ml of water, they found they were burning 30% more calories than those who stayed dry. With all the purified water in the Smart Cleanse® detox powders you will be consuming, along with the glasses of water in between meals, you will be achieving the recommended intake of 2.5-3 litres of water per day, which will boost your metabolism guaranteed.

## ✓ No starvation

One of the great things about Smart Cleanse® is that you will be eating 3 meals a day (snacks optional depending on your goals), so you won't be putting your body into prolonged starvation, which can greatly lower and affect your metabolism long term. I do however believe in intermittent fasting for people that choose to do this, but recommend never fasting past 24 hours, 2 times per week, and always with plenty of water.

## ✓ Lowers your stress hormones

Cortisol is a stress hormone that functions to increase your blood sugar. In the process it can also break down muscle tissue to manufacture this glucose. This is not good for body composition (muscle to fat ratio) and thus metabolic rate, as muscle is very metabolically active and burns a lot of calories to survive. Smart Cleanse® maintains lean muscle mass and lowers cortisol levels.

## ✓ Lowers your insulin levels

Your body operates on 3 main sources of energy; it can burn fat (including your body fat), glucose (when you consume sugar and carbohydrate), or protein. When you burn fat you produce ketones, which is a safe source of fuel for your body. To get into this state of fat-burning known as ketosis, it requires you to drop your carb intake to 20-30 grams daily to lower your insulin levels.

## Smart Cleanse® Boosts Metabolism

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### ✓ Supports your gut and liver

There is a famous phrase "All disease begins in the gut" that Hippocrates made 2000 years ago? Science has now proven this to be true. The better your digestion and gut flora composition, the better you will assimilate the nutrients from food and the more energy you will have, which will further boost your metabolism. This is also why you cannot successfully detoxify your body and achieve optimum health, without addressing your digestive system and gut flora first. As you know, the liver is the primary organ of fat metabolism, so if it is healthy then your metabolism will be too.

### ✓ Adequate protein intake

Protein keeps you full longer. Plus, your body uses more calories digesting protein than it does breaking down carbs or fat. High quality protein from foods such as eggs, grass-fed meat, poultry, and seafood also ups levels of the amino acid L-leucine in your body, which is essential for maintaining muscle and burning calories. Grass-fed meat is also high in L-carnitine, which is a fat-burning amino acid.

### ✓ Exercise

Refer to the Top 10 Benefits of Exercise on the next page



## Top 10 Benefits of Exercise

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Inactivity or lack of exercise is second only to cigarette smoking as a major contributor to chronic diseases such as heart disease, cancer and obesity. The great news is, however, that if you commence an exercise routine now, you can enjoy the endless benefits that regular physical activity provides.

As a personal trainer for 10 years, I know the amazing benefits of exercise and saw many clients transform their fitness levels, strength, health, and whole life!

If you're not sure why you should exercise or you need extra motivation to reinforce your current routine, here are some great reasons why exercise is one of the top 4 health strategies that exist. The other 3 being detoxification, stress management and meditation, and reaching your target weight.

# Top 10 Benefits of Exercise

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- ✓ Weight Loss - exercise enhances weight loss and maintenance of your ideal body weight.
- ✓ It increases lean muscle mass and muscular tone. Lean muscle mass is the number one biomarker of ageing too! i.e. Lean muscle mass = enhanced basal metabolic rate and longevity!
- ✓ It reduces stress by balancing your stress hormones adrenalin and cortisol.
- ✓ It decreases cardiovascular risk by encouraging your heart to get stronger (it's also a muscle) and therefore will pump more efficiently.
- ✓ Aerobic exercise (running, brisk walking, swimming, cycling, and high intensity interval training) reduces the risk of heart disease as it strengthens blood vessels, increases HDL (good cholesterol), and lowers high triglyceride levels.
- ✓ It lowers and regulates your blood sugar level, which is especially beneficial in cases of high insulin (fat-storing hormone) in the blood. In other words, it increases your insulin sensitivity and makes you burn body fat more efficiently.
- ✓ Strengthens bones and joints and improves flexibility and balance.
- ✓ It's immune boosting (unless overdone) because it reduces toxicity and stress hormones.
- ✓ Chemicals such as endorphins and enkephalins are released in the brain during exercise, lifting moods and inducing feelings of happiness and wellbeing, which reduces anxiety and depression.
- ✓ Lowers blood pressure due to strengthening of the cardiovascular system and heart.

# Exercise during Smart Cleanse®?

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Absolutely, but it is highly recommended to pull it back to a moderate intensity and to listen to your body, especially during the first 4 days. This is because the normal side effects of detoxification, only during this period, will make your nervous system feel a little flatter than normal!

You also want to give your adrenal glands a rest from any added stress so they can recuperate and replenish normal levels of adrenalin, noradrenalin, and cortisol (fat storing & inflammatory stress hormone). Power walking for 30 minutes everyday is what you want during this stage.

The minute you are over 'Day 1-4 discomfort' you can exercise at the intensity you desire! Listen to your body. High intensity interval training or HIIT is the secret formula as it protects you from symptoms of over training, burns more body fat (3 fold), and will keep your cortisol levels nice and balanced. Yoga, pilates, and meditation are all highly beneficial during your detox too!



# How to Calculate your HR Zones

To calculate your **Maximum Heart Rate (MHR)**:

**220 beats per minute minus your age =**

To calculate your **Target Heart Rate (THR)** for moderate exercise:

**50% - 70% of MHR =**

## Smart Exercise

### Walking:

Walk at a pace where your heart rate is increased to at least 60% - 70% of your maximum heart rate.

### Cardio (Aerobic):

Jogging, cycling, swimming, stair climbing, skipping rope, tennis, and aerobics.

### Strength:

Yoga, pilates, pump classes, weight training, TRX, and CrossFit.

### High Intensity Interval Training (HIIT):

Spinning, stair sprints, high intensity cycling, CrossFit classes, high intensity circuit and aerobics at:

**80% - 90% of MHR =**

30 - 60 seconds of strenuous activity followed by 45 seconds to 1 minute of recovery in between (15-30 mins total only).

**Tip:** Countless studies show that HIIT, with sufficient recovery in between each sprint, no more than 3 times per week (to provide adequate adaptive recovery time), increases fat burning and endurance 3 times that compared to moderate to high intensity, sustained workouts with no rest periods throughout the workout (also without adequate recovery between workouts).

# 14 Day Smart Cleanse® Exercise Plan

Below is a sample 14 Day Exercise Plan for beginner, intermediate and advanced levels.

**Days 1-7**

	Beginner	Intermediate	Advanced
<b>DAY 1</b>	Rest	Cardio 30 mins	Strength 30 mins
<b>DAY 2</b>	Walk 30 mins	Strength 30 mins	HIIT 30 mins
<b>DAY 3</b>	Walk 30 mins	Walk 30 mins	Strength 30 mins
<b>DAY 4</b>	Rest	Cardio 30 mins	Walk 30 mins
<b>DAY 5</b>	Walk 30 mins	Strength 30 mins	HIIT 30 mins
<b>DAY 6</b>	Walk 30 mins	Walk 30 mins	Strength 30 mins
<b>DAY 7</b>	Walk 30 mins	Rest	Rest

# 14 Day Smart Cleanse® Exercise Plan

## Days 8-14

Stick to this plan as much as you can. Work slightly out of your comfort zone each workout, but listen to your body to avoid over doing it during your detox!

Beginner	Intermediate	Advanced	
Walk 30 mins	Cardio 30 mins	Strength 45 mins	DAY 8
Slow Jog 20 mins	Strength 45 mins	HIIT 30 mins	DAY 9
Walk 30 mins	Cardio 30 mins	Strength 45 mins	DAY 10
Rest	Walk 30 mins	Walk 45 mins	DAY 11
Walk 30 mins	Cardio 30 mins	HIIT 30 mins	DAY 12
Slow Jog 20 mins	Strength 45 mins	Strength 45 mins	DAY 13
Walk 30 mins	Walk 30 mins	HIIT 30 mins	DAY 14

# Keeping Stress Hormone Cortisol Low



- ✓ Ensure adequate rest and recovery in between higher intensity workouts.
- ✓ Don't do high intensity with duration, for example running hard for 1 hour. Keep higher intensity workouts short (30 minutes) and sharp.
- ✓ Walk and perform strength training (yoga, pilates and weights) for longer durations 45 mins - 1 hour, which won't stimulate excess cortisol (it will actually lower it).
- ✓ Keep well hydrated.
- ✓ Get plenty of sleep each night.

# Using the Food & Exercise Diary



- On the **My Health** and **Fitness Goals** pages, next, fill out the goals you'd like to achieve in 14 days, 1 month from now, 3 months from now, and where you'd like to see yourself in one year. Fill out why you want these goals and the date you achieve them. A SMART goal is an effective goal: Specific, Measurable, Action, Realistic, Time-bound.

*"A goal without a plan is just a wish."*  
ANTOINE DE SAINT-EXUPERY

- Record your starting weight and measurements in the **Weight and Measurement Table** and do the same test, at the same time in the morning, measuring in the same spot each time every week. **FACT:** The scale does NOT reflect your true body composition! Remember that muscle weighs more than fat, and while you're on Smart Cleanse® you are maintaining fat-burning muscle while melting away your fat stores for energy. Your scales may not change as much as your measurements!
- Everyday on the Food Dairy page, place a tick next to supplements (Smart Cleanse® products) as you take them each day morning and night.

# Using the Food and Exercise Diary

- Record breakfast, lunch and dinner on the **Food Diary** pages as each individual ingredient you consume, along with its carb value from the Smart Cleanse® Allowable Food List/Carb/Calorie Counter on pages 33-38 of the Instruction Manual that came with the kit. If you're using any of the Smart Cleanse® Recipes from pages 39-69 of the Instruction Manual, simply fill in the 'carbs per serve' value displayed with each recipe in grams.
- Fill in snacks if you require them. Just remember for weight loss 'French style' (eating 3 meals a day) is all that's required in days 1-14.
- If you aren't needing to lose any excess weight and are just following the detox program only, by all means include 2 organic snacks per day.
- Water intake is crucial to detoxification, weight loss and energy production. Did you know the number one cause of daytime fatigue is dehydration. Record number of glasses (200ml - 300ml) of purified water you consume at the bottom of the food diary table.
- Smart Cleanse® along with exercise will enhance your mood over time. As the first 4 days of detoxification can make you feel a bit flat, it's great to document how your moods transition over the course of this program.
- Sleep is important for replenishing your system and cellular repair of especially your brain and nervous system. You will find that after about day 4 your sleep deepens and you wake up brighter. Recording number of hours slept the night before is important too.
- Record your daily carb allowance goal first and then add up total daily carb amount to make sure you are within your daily carb budget.
- Record your workout on the **Exercise Diary** pages each time you train. The more detailed you are, the more obvious your improvements in strength, fitness, flexibility, mood, and energy will be to you.

Good luck!

# My Health and Fitness Goals

**14 Day** Goals

Why I want it

Date achieved

**1 Month** Goals

Why I want it

Date achieved

# My Health and Fitness Goals

**3 Month** Goals

Why I want it

Date achieved

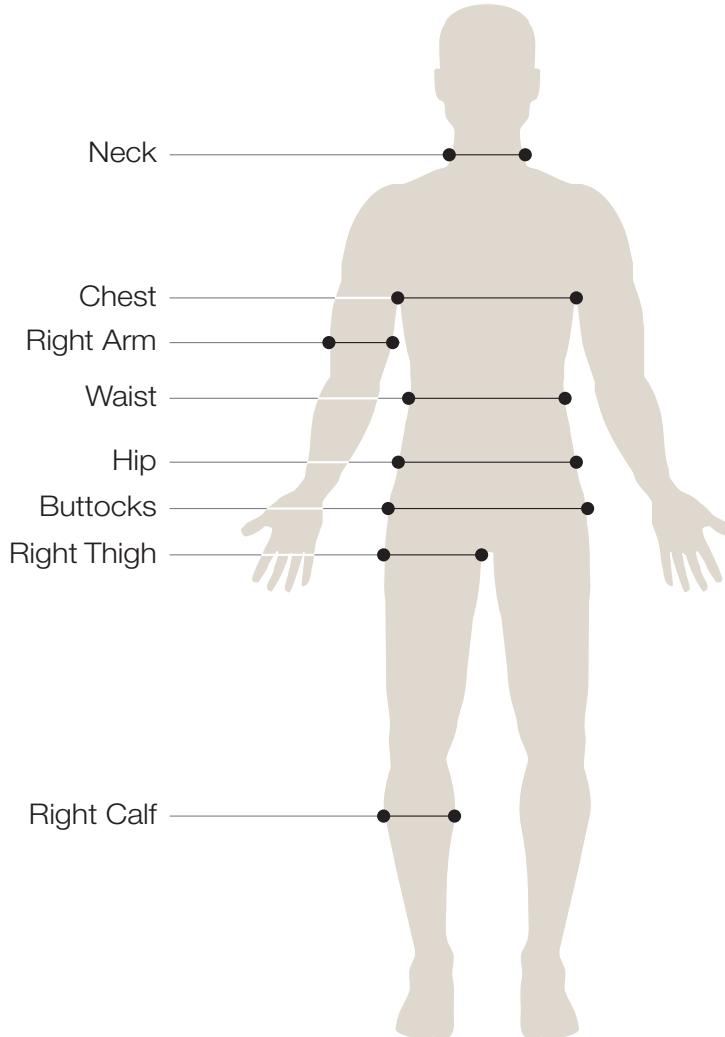
**1 Year** Goals

Why I want it

Date achieved

# Weight & Measurements Progress Chart

Where are measurements taken on my body?



# Weight & Measurements Progress Chart

*Take your measurements twice a week and date accordingly.*

**Days 1-7**

Measurements (cm)	<input type="text"/>	<input type="text"/>	<input type="text"/>	cm	<input type="text"/>	<input type="text"/>	<input type="text"/>	cm
Neck								
Chest				cm				cm
Waist				cm				cm
Hip				cm				cm
Buttocks				cm				cm
Right Arm				cm				cm
Right Thigh				cm				cm
Right Calf				cm				cm
Total				cm				cm
Calipers (mm) <i>Optional</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>	mm	<input type="text"/>	<input type="text"/>	<input type="text"/>	mm
Bicep				mm				mm
Tricep				mm				mm
Subscap				mm				mm
Suprailliac				mm				mm
Total				mm				mm
Weight (kg)	<input type="text"/>	<input type="text"/>	<input type="text"/>	kg	<input type="text"/>	<input type="text"/>	<input type="text"/>	kg
Current Weight				kg				kg
Weight Lost				kg				kg
Total				kg				kg

# Weight & Measurements Progress Chart

**Days 8-14**

*Take your measurements twice a week and date accordingly.*

<b>Measurements (cm)</b>			
Neck		cm	cm
Chest		cm	cm
Waist		cm	cm
Hip		cm	cm
Buttocks		cm	cm
Right Arm		cm	cm
Right Thigh		cm	cm
Right Calf		cm	cm
<b>Total</b>		cm	cm
<b>Calipers (mm) <i>Optional</i></b>			
Bicep		mm	mm
Tricep		mm	mm
Subscap		mm	mm
Suprailliac		mm	mm
<b>Total</b>		mm	mm
<b>Weight (kg)</b>			
Current Weight		kg	kg
Weight Lost		kg	kg
<b>Total</b>		kg	kg

# Weight & Measurements Progress Chart

**Days 15-21**

*Take your measurements twice a week and date accordingly.*

<b>Measurements (cm)</b>			
Neck		cm	cm
Chest		cm	cm
Waist		cm	cm
Hip		cm	cm
Buttocks		cm	cm
Right Arm		cm	cm
Right Thigh		cm	cm
Right Calf		cm	cm
<b>Total</b>		cm	cm
<b>Calipers (mm) <i>Optional</i></b>			
Bicep		mm	mm
Tricep		mm	mm
Subscap		mm	mm
Suprailliac		mm	mm
<b>Total</b>		mm	mm
<b>Weight (kg)</b>			
Current Weight		kg	kg
Weight Lost		kg	kg
<b>Total</b>		kg	kg

# Weight & Measurements Progress Chart

**Days 22-31**

*Take your measurements twice a week and date accordingly.*

## Measurements (cm)

	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Neck				cm			cm
Chest				cm			cm
Waist				cm			cm
Hip				cm			cm
Buttocks				cm			cm
Right Arm				cm			cm
Right Thigh				cm			cm
Right Calf				cm			cm
<b>Total</b>				cm			cm

## Calipers (mm) Optional

	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Bicep				mm			mm
Tricep				mm			mm
Subscap				mm			mm
Suprailliac				mm			mm
<b>Total</b>				mm			mm

## Weight (kg)

	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Current Weight				kg			kg
Weight Lost				kg			kg
<b>Total</b>				kg			kg



# Food & Exercise Diary

Days 1-7

**Days 1-7** Day 1

## Exercise Diary

Day/Date \_\_\_\_\_

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WORKOUT INTENSITY Light  Fair  Medium  Heavy

	STRENGTH TRAINING TYPE	WEIGHT	SETS	REPS	NOTES	
Strength						
	AEROBIC or HIIT* TYPE	INTENSITY(%)	SPEED	DURATION	SETS	CALS (burned)
Aerobic						

ENERGY: Poor  Fair  Medium  Excellent

Total Calories (Optional)

\*HIIT = High Intensity Interval Training

## Food Diary

Day/Date \_\_\_\_\_

--	--	--

HOURS slept last night \_\_\_\_\_ MOOD Low  Fair  Medium  Excellent

PORTION	FOOD/BEVERAGE	TIME : :	CARBS	CALORIES
Breakfast				
PORTION	FOOD/BEVERAGE	TIME : :	CARBS	CALORIES
Lunch				
PORTION	FOOD/BEVERAGE	TIME : :	CARBS	CALORIES
Dinner				
PORTION	FOOD/BEVERAGE	TIME : :	CARBS	CALORIES
Snacks				

Bentonite Drinking Clay

Colon Cleanse Formula

Weeding Tonic

Glasses of Water

Total Carbs\*

\*Daily Carb Allowance 20-30g

Total Calories (Optional)

Day 1 **Days 1-7**

## Days 1-7

Day 2

# Exercise Diary

**Day/Date** \_\_\_\_\_


**WORKOUT INTENSITY** Light  Fair  Medium  Heavy

**ENERGY:** Poor  Fair  Medium  Excellent

## Total Calories *(Optional)*

\*HIIT = High Intensity Interval Training

## Food Diary

Day 2

## Days 1-7

**Day/Date** \_\_\_\_\_

Three empty rectangular boxes arranged horizontally, intended for children to draw or write in.

**HOURS** slept last night \_\_\_\_\_ **MOOD** Low  Fair  Medium  Excellent

	PORTION	FOOD/BEVERAGE	TIME :	CARBS	CALORIES
Breakfast					
Lunch	PORTION	FOOD/BEVERAGE	TIME :	CARBS	CALORIES
Dinner	PORTION	FOOD/BEVERAGE	TIME :	CARBS	CALORIES
Snacks	PORTION	FOOD/BEVERAGE	TIME :	CARBS	CALORIES

#### Bentonite Drinking Clay

#### Colon Cleanse Formula

Weeding Tonic

## Glasses of Water

Total Carbs\*

— 1 —

\*Daily Carb Allowance 20-30g

**Total Calories** (*Optional*)

1

Days 1-7 Day 3

# Exercise Diary

**Day/Date** \_\_\_\_\_

Three empty rectangular boxes arranged horizontally, intended for children to draw or write in.

**WORKOUT INTENSITY** Light  Fair  Medium  Heavy

**ENERGY:** Poor  Fair  Medium  Excellent

**Total Calories** (Optional)

\*HIIT = High Intensity Interval Training

## Food Diary

Day 3

## Days 1-7

**Day/Date** \_\_\_\_\_

Three empty rectangular boxes arranged horizontally, intended for children to draw or write in.

**HOURS** slept last night \_\_\_\_\_ **MOOD** Low  Fair  Medium  Excellent

	PORTION	FOOD/BEVERAGE	TIME :	CARBS	CALORIES
Breakfast					
Lunch	PORTION	FOOD/BEVERAGE	TIME :	CARBS	CALORIES
Dinner	PORTION	FOOD/BEVERAGE	TIME :	CARBS	CALORIES
Snacks	PORTION	FOOD/BEVERAGE	TIME :	CARBS	CALORIES

#### Bentonite Drinking Clay

#### Colon Cleanse Formula

Weeding Tonic

## Glasses of Water

### Total Carbs\*

— 1 —

*\*Daily Carb Allowance 20-30g*

**Total Calories** (*Optional*)

1

## Days 1-7 Day 4

# Exercise Diary

**Day/Date** \_\_\_\_\_

Three empty rectangular boxes arranged horizontally, intended for children to draw or write in.

**WORKOUT INTENSITY** Light  Fair  Medium  Heavy

**ENERGY:** Poor  Fair  Medium  Excellent

**Total Calories** (*Optional*)

\*HIIT = High Intensity Interval Training

## Food Diary

Day 4

## Days 1-7

**Day/Date** \_\_\_\_\_

Three empty rectangular boxes arranged horizontally, intended for children to draw or write in.

**HOURS** slept last night \_\_\_\_\_ **MOOD** Low  Fair  Medium  Excellent

	PORTION	FOOD/BEVERAGE	TIME :	CARBS	CALORIES
Breakfast					
Lunch	PORTION	FOOD/BEVERAGE	TIME :	CARBS	CALORIES
Dinner	PORTION	FOOD/BEVERAGE	TIME :	CARBS	CALORIES
Snacks	PORTION	FOOD/BEVERAGE	TIME :	CARBS	CALORIES

#### Bentonite Drinking Clay

#### Colon Cleanse Formula

Weeding Tonic

## Glasses of Water

### Total Carbs\*

— 1 —

\*Daily Car Allowance 20-30a

**Total Calories** (*Optional*)

1

## Days 1-7

Day 5

# Exercise Diary

**Day/Date** \_\_\_\_\_

**WORKOUT INTENSITY** Light  Fair  Medium  Heavy

**ENERGY:** Poor  Fair  Medium  Excellent

**Total Calories** (*Optional*)

\*HIIT = High Intensity Interval Training

## Food Diary

Day 5

## Days 1-7

**Day/Date** \_\_\_\_\_

Three empty rectangular boxes arranged horizontally, intended for children to draw or write in.

**HOURS** slept last night \_\_\_\_\_ **MOOD** Low  Fair  Medium  Excellent

	PORTION	FOOD/BEVERAGE	TIME :	CARBS	CALORIES
Breakfast					
Lunch	PORTION	FOOD/BEVERAGE	TIME :	CARBS	CALORIES
Dinner	PORTION	FOOD/BEVERAGE	TIME :	CARBS	CALORIES
Snacks	PORTION	FOOD/BEVERAGE	TIME :	CARBS	CALORIES

Bentonite Drinking Clay C



#### Colon Cleanse Formula



Weeding Tonic



## Glasses of Water



### Total Carbs\*

---

*\*Daily Car Allowance 20-30g*

**Total Calories (Optional)**

1

**Days 1-7** Day 6

## Exercise Diary

Day/Date \_\_\_\_\_

--	--	--

WORKOUT INTENSITY Light  Fair  Medium  Heavy

	STRENGTH TRAINING TYPE	WEIGHT	SETS	REPS	NOTES
Strength					
AEROBIC or HIIT* TYPE	INTENSITY(%)	SPEED	DURATION	SETS	CALS (burned)
Aerobic					

ENERGY: Poor  Fair  Medium  Excellent

Total Calories (Optional)

\*HIIT = High Intensity Interval Training

## Food Diary

Day/Date \_\_\_\_\_

--	--	--

HOURS slept last night \_\_\_\_\_ MOOD Low  Fair  Medium  Excellent

PORTION	FOOD/BEVERAGE	TIME : :	CARBS	CALORIES
Breakfast				
PORTION	FOOD/BEVERAGE	TIME : :	CARBS	CALORIES
Lunch				
PORTION	FOOD/BEVERAGE	TIME : :	CARBS	CALORIES
Dinner				
PORTION	FOOD/BEVERAGE	TIME : :	CARBS	CALORIES
Snacks				

Bentonite Drinking Clay

Colon Cleanse Formula

Weeding Tonic

Glasses of Water

Total Carbs\*

\*Daily Carb Allowance 20-30g

Total Calories (Optional)

## Days 1-7

Day 7

# Exercise Diary

**Day/Date** \_\_\_\_\_

Three empty rectangular boxes arranged horizontally, intended for children to draw or write in.

**WORKOUT INTENSITY** Light  Fair  Medium  Heavy

**ENERGY:** Poor  Fair  Medium  Excellent

**Total Calories** (*Optional*)

\*HIIT = High Intensity Interval Training

## Food Diary

Day 7

## Days 1-7

**Day/Date** \_\_\_\_\_

Three empty rectangular boxes arranged horizontally, intended for children to draw or write in.

**HOURS** slept last night \_\_\_\_\_ **MOOD** Low  Fair  Medium  Excellent

	PORTION	FOOD/BEVERAGE	TIME :	CARBS	CALORIES
Breakfast					
Lunch	PORTION	FOOD/BEVERAGE	TIME :	CARBS	CALORIES
Dinner	PORTION	FOOD/BEVERAGE	TIME :	CARBS	CALORIES
Snacks	PORTION	FOOD/BEVERAGE	TIME :	CARBS	CALORIES

#### Bentonite Drinking Clay



#### Colon Cleanse Formula



Weeding Tonic



## Glasses of Water



Total Carbs\*

— 1 —

\*Daily Carb Allowance 20-30g

**Total Calories** (*Optional*)

1

## Berry Smoothie (Serves 1)

Carbs per serve 10g

Recipe & photography from 'The Detox Code.'  
© Copyright Savannah Daisley 2015.



Smart  
Cleanse

# Food & Exercise Diary

Days 8-14

## Days 8-14

Day 8

# Exercise Diary

**Day/Date** \_\_\_\_\_

**WORKOUT INTENSITY** Light  Fair  Medium  Heavy

**ENERGY:** Poor  Fair  Medium  Excellent

**Total Calories** (Optional)

\*HIIT = High Intensity Interval Training

## Food Diary

Day 8

Days 8-14

**Day/Date** \_\_\_\_\_

--	--	--

**HOURS** slept last night \_\_\_\_\_ **MOOD** Low  Fair  Medium  Excellent

	PORTION	FOOD/BEVERAGE	TIME :	CARBS	CALORIES
Breakfast					
Lunch					
Dinner					
Snacks					

Gut Lining Formula 00



### Total Carbs\*

Page 1

\*Daily Carb Allowance 20-30g

#### Liver Tonic



Glasses of Water 

42

43

## Days 8-14

Day 9

# Exercise Diary

**Day/Date** \_\_\_\_\_


**WORKOUT INTENSITY** Light  Fair  Medium  Heavy

**ENERGY:** Poor  Fair  Medium  Excellent

**Total Calories** (Optional)

\*HIIT = High Intensity Interval Training

# Food Diary

Day 9

**Days 8-14**

**Day/Date** \_\_\_\_\_

Three empty rectangular boxes arranged horizontally, intended for children to draw or write in.

**HOURS** slept last night \_\_\_\_\_ **MOOD** Low  Fair  Medium  Excellent

	PORTION	FOOD/BEVERAGE	TIME :	CARBS	CALORIES
Breakfast					
Lunch	PORTION	FOOD/BEVERAGE	TIME :	CARBS	CALORIES
Dinner	PORTION	FOOD/BEVERAGE	TIME :	CARBS	CALORIES
Snacks	PORTION	FOOD/BEVERAGE	TIME :	CARBS	CALORIES

Gut Lining Formula 00

### Total Carbs\*

---

#### Liver Tonic

Glasses of Water 

\*Daily Carb Allowance 20-30g

Table 1. *Influence of*

**Total Calories (Optional)**

## Days 8-14

Day 10

# Exercise Diary

**Day/Date** \_\_\_\_\_

Three empty rectangular boxes arranged horizontally, intended for children to draw or write in.

**WORKOUT INTENSITY** Light  Fair  Medium  Heavy

**ENERGY:** Poor  Fair  Medium  Excellent

## Total Calories *(Optional)*

\*HIIT = High Intensity Interval Training

## Food Diary

Day 10

Days 8-14

**Day/Date** \_\_\_\_\_

Three empty rectangular boxes arranged horizontally, intended for children to draw or write in.

**HOURS** slept last night \_\_\_\_\_ **MOOD** Low  Fair  Medium  Excellent

	PORTION	FOOD/BEVERAGE	TIME :	CARBS	CALORIES
Breakfast					
Lunch	PORTION	FOOD/BEVERAGE	TIME :	CARBS	CALORIES
Dinner	PORTION	FOOD/BEVERAGE	TIME :	CARBS	CALORIES
Snacks	PORTION	FOOD/BEVERAGE	TIME :	CARBS	CALORIES

#### Gut Lining Formula



Total Carbs\*

10 of 10

*\*Daily Car Allowance 20-30g*

#### Liver Tonic



Glasses of Water

46

47

**Days 8-14** Day 11

## Exercise Diary

Day/Date \_\_\_\_\_

--	--	--

WORKOUT INTENSITY Light  Fair  Medium  Heavy

STRENGTH TRAINING TYPE		WEIGHT	SETS	REPS	NOTES
Strength					
AEROBIC or HIIT* TYPE					
Aerobic	INTENSITY(%)	SPEED	DURATION	SETS	CALS (burned)

ENERGY: Poor  Fair  Medium  Excellent

Total Calories (Optional)

\*HIIT = High Intensity Interval Training

## Food Diary

Day/Date \_\_\_\_\_

--	--	--

HOURS slept last night \_\_\_\_\_ MOOD Low  Fair  Medium  Excellent

PORTION	FOOD/BEVERAGE	TIME : :	CARBS	CALORIES
Breakfast				
PORTION	FOOD/BEVERAGE	TIME : :	CARBS	CALORIES
Lunch				
PORTION	FOOD/BEVERAGE	TIME : :	CARBS	CALORIES
Dinner				
PORTION	FOOD/BEVERAGE	TIME : :	CARBS	CALORIES
Snacks				

Gut Lining Formula

Total Carbs\*

Liver Tonic

\*Daily Carb Allowance 20-30g

Glasses of Water

Total Calories (Optional)

Days 8-14 Day 12

# Exercise Diary

Day/Date \_\_\_\_\_

  
WORKOUT INTENSITY Light  Fair  Medium  Heavy 

	STRENGTH TRAINING TYPE	WEIGHT	SETS	REPS	NOTES
Strength					

	AEROBIC or HIIT* TYPE	INTENSITY(%)	SPEED	DURATION	SETS	CALS (burned)
Aerobic						

ENERGY: Poor  Fair  Medium  Excellent Total Calories (Optional) 

\*HIIT = High Intensity Interval Training

# Food Diary

Day 12

Days 8-14

Day/Date \_\_\_\_\_

  
HOURS slept last night \_\_\_\_\_ MOOD Low  Fair  Medium  Excellent 

	PORTION	FOOD/BEVERAGE	TIME : :	CARBS	CALORIES
Breakfast					
	PORTION	FOOD/BEVERAGE	TIME : :	CARBS	CALORIES
Lunch					
	PORTION	FOOD/BEVERAGE	TIME : :	CARBS	CALORIES
Dinner					
	PORTION	FOOD/BEVERAGE	TIME : :	CARBS	CALORIES
Snacks					

Gut Lining Formula  Total Carbs\* Liver Tonic  

\*Daily Carb Allowance 20-30g

Glasses of Water        Total Calories (Optional)

## Days 8-14

Day 13

# Exercise Diary

**Day/Date** \_\_\_\_\_


**WORKOUT INTENSITY** Light  Fair  Medium  Heavy

**ENERGY:** Poor  Fair  Medium  Excellent

**Total Calories** (*Optional*)

\*HIIT = High Intensity Interval Training

## Food Diary

Day 13

Days 8-14

**Day/Date** \_\_\_\_\_

--	--	--

**HOURS** slept last night \_\_\_\_\_ **MOOD** Low  Fair  Medium  Excellent

	PORTION	FOOD/BEVERAGE	TIME :	CARBS	CALORIES
Breakfast					
Lunch	PORTION	FOOD/BEVERAGE	TIME :	CARBS	CALORIES
Dinner	PORTION	FOOD/BEVERAGE	TIME :	CARBS	CALORIES
Snacks	PORTION	FOOD/BEVERAGE	TIME :	CARBS	CALORIES

Gut Lining Formula

### Total Carbs\*

---

#### Liver Tonic

Glasses of Water 

\*Daily Carb Allowance 20-30g

Table 1.1.1. (Continued)

**Total Calories (Optional)**

## Days 8-14

Day 14

# Exercise Diary

**Day/Date** \_\_\_\_\_

Three empty rectangular boxes arranged horizontally, intended for children to draw or write in.

**WORKOUT INTENSITY** Light  Fair  Medium  Heavy

**ENERGY:** Poor  Fair  Medium  Excellent

**Total Calories** (*Optional*)

\*HIIT = High Intensity Interval Training

# Food Diary

Day 14

Days 8-14

**Day/Date** \_\_\_\_\_

Three empty rectangular boxes arranged horizontally, intended for children to draw or write in.

**HOURS** slept last night \_\_\_\_\_ **MOOD** Low  Fair  Medium  Excellent

	PORTION	FOOD/BEVERAGE	TIME : <input type="text"/>	CARBS	CALORIES
Breakfast					
Lunch	PORTION	FOOD/BEVERAGE	TIME : <input type="text"/>	CARBS	CALORIES
Dinner	PORTION	FOOD/BEVERAGE	TIME : <input type="text"/>	CARBS	CALORIES
Snacks	PORTION	FOOD/BEVERAGE	TIME : <input type="text"/>	CARBS	CALORIES

Gut Lining Formula 00

Total Carbs\*

Page 1

#### Liver Tonic

Glasses of Water 

\*Daily Carb Allowance 20-30g

**Total Calories (2,000 cal)**

**Total Calories** (Optional)

## Water intake

*...is crucial to detoxification, weight loss and energy production. Did you know the number one cause of daytime fatigue is dehydration. Record number of glasses (200ml - 300ml) of purified water you consume at the bottom of the food diary table.*



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## Food & Exercise Diary

Days 15 - 31

## Days 15-31

Day 15

# Exercise Diary

**Day/Date** \_\_\_\_\_

**WORKOUT INTENSITY** Light  Fair  Medium  Heavy

**ENERGY:** Poor  Fair  Medium  Excellent

\*HIIT = High Intensity Interval Training

**Total Calories** (*Optional*)

# Food Diary

Day 15

## Days 15-31

**Day/Date** \_\_\_\_\_

Three empty rectangular boxes arranged horizontally, intended for children to draw or write in.

**HOURS** slept last night \_\_\_\_\_ **MOOD** Low  Fair  Medium  Excellent

	PORTION	FOOD/BEVERAGE	TIME :	CARBS	CALORIES
<b>Breakfast</b>					
<b>Lunch</b>					
<b>Dinner</b>					
<b>Snacks</b>					

## Supplements

## Supplements

Total Carbs\*

*\*Daily Carb Allowance 20-30g*

## Glasses of Water

**Total Calories** (Optional)

## Total Calories *(Optional)*

**Total Calories** (Optional)

## Days 15-31

Day 16

# Exercise Diary

**Day/Date** \_\_\_\_\_

Three empty rectangular boxes arranged horizontally, intended for children to draw or write in.

**WORKOUT INTENSITY** Light  Fair  Medium  Heavy

**ENERGY:** Poor  Fair  Medium  Excellent

\*HIIT = High Intensity Interval Training

**Total Calories** (*Optional*)

## Food Diary

Day 16

## Days 15-31

**Day/Date** \_\_\_\_\_

Three empty rectangular boxes arranged horizontally, intended for children to draw or write in.

**HOURS** slept last night \_\_\_\_\_ **MOOD** Low  Fair  Medium  Excellent

	PORTION	FOOD/BEVERAGE	TIME : <input type="text"/>	CARBS	CALORIES
<b>Breakfast</b>					
<b>Lunch</b>					
<b>Dinner</b>					
<b>Snacks</b>					

## Supplements

Total Carbs\*

*\*Daily Carb Allowance 20-30g*

## Glasses of Water

**Total Calories** (*Optional*)

## Days 15-31

Day 17

# Exercise Diary

**Day/Date** \_\_\_\_\_

Three empty rectangular boxes arranged horizontally, intended for children to draw or write in.

**WORKOUT INTENSITY** Light  Fair  Medium  Heavy

**ENERGY:** Poor  Fair  Medium  Excellent

\*HIIT = High Intensity Interval Training

**Total Calories** (*Optional*)

## Food Diary

Day 17

## Days 15-31

**Day/Date** \_\_\_\_\_

Three empty rectangular boxes arranged horizontally, intended for children to draw or write in.

**HOURS** slept last night \_\_\_\_\_ **MOOD** Low  Fair  Medium  Excellent

PORTION	FOOD/BEVERAGE	TIME :	CARBS	CALORIES
Breakfast				
PORTION	FOOD/BEVERAGE	TIME :	CARBS	CALORIES
Lunch				
PORTION	FOOD/BEVERAGE	TIME :	CARBS	CALORIES
Dinner				
PORTION	FOOD/BEVERAGE	TIME :	CARBS	CALORIES
Snacks				

## Supplements

Total Carbs\*

\*Daily Carb Allowance 20-30g

## Glasses of Water

**Total Calories** (*Optional*)

## Days 15-31

Day 18

# Exercise Diary

**Day/Date** \_\_\_\_\_

Three empty rectangular boxes arranged horizontally, intended for children to draw or write in.

**WORKOUT INTENSITY** Light  Fair  Medium  Heavy

**ENERGY:** Poor  Fair  Medium  Excellent

\*HIIT = High Intensity Interval Training

**Total Calories** (*Optional*)

## Food Diary

Day 18

## Days 15-31

**Day/Date** \_\_\_\_\_

Three empty rectangular boxes arranged horizontally, intended for children to draw or write in.

**HOURS** slept last night \_\_\_\_\_ **MOOD** Low  Fair  Medium  Excellent

	PORTION	FOOD/BEVERAGE	TIME : <input type="text"/>	CARBS	CALORIES
<b>Breakfast</b>					
<b>Lunch</b>					
<b>Dinner</b>					
<b>Snacks</b>					

## Supplements

Total Carbs\*

\*Daily Car Allowance 20-30a

## Glasses of Water

## Total Calories *(Optional)*

**Days 15-31**

Day 19

# Exercise Diary

Day/Date \_\_\_\_\_



WORKOUT INTENSITY Light  Fair  Medium  Heavy 

Strength	STRENGTH TRAINING TYPE	WEIGHT	SETS	REPS	NOTES	
Aerobic	AEROBIC or HIIT* TYPE	INTENSITY (%)	SPEED	DURATION	SETS	CALS (burned)

ENERGY: Poor  Fair  Medium  Excellent Total Calories (Optional) 

\*HIIT = High Intensity Interval Training

# Food Diary

Day 19

**Days 15-31**

Day/Date \_\_\_\_\_



HOURS slept last night \_\_\_\_\_ MOOD Low  Fair  Medium  Excellent 

Breakfast	PORTION	FOOD/BEVERAGE	TIME : <input type="text"/>	CARBS	CALORIES
Lunch	PORTION	FOOD/BEVERAGE	TIME : <input type="text"/>	CARBS	CALORIES
Dinner	PORTION	FOOD/BEVERAGE	TIME : <input type="text"/>	CARBS	CALORIES
Snacks	PORTION	FOOD/BEVERAGE	TIME : <input type="text"/>	CARBS	CALORIES

Supplements  
List any/all Total Carbs\* 

\*Daily Carb Allowance 20-30g

Glasses of Water        Total Calories (Optional)

## Days 15-31

Day 20

# Exercise Diary

**Day/Date** \_\_\_\_\_

Three empty rectangular boxes arranged horizontally, intended for children to draw or write in.

**WORKOUT INTENSITY** Light  Fair  Medium  Heavy

**ENERGY:** Poor  Fair  Medium  Excellent

\*HIIT = High Intensity Interval Training

### Total Calories *(Optional)*

# Food Diary

Day 20

## Days 15-31

**Day/Date** \_\_\_\_\_

Three empty rectangular boxes arranged horizontally, intended for children to draw their answers.

**HOURS** slept last night \_\_\_\_\_ **MOOD** Low  Fair  Medium  Excellent

PORTION	FOOD/BEVERAGE	TIME :	CARBS	CALORIES
Breakfast				
Lunch				
Dinner				
Snacks				

## Supplements

## Supplements

Total Carbs\*

\*Daily Carb Allowance 20-30g

## Glasses of Water

**Total Calories** (Optional)

**Total Calories (Optional)**

## Days 15-31

Day 21

# Exercise Diary

**Day/Date** \_\_\_\_\_

Three empty rectangular boxes arranged horizontally, intended for children to draw or write in.

**WORKOUT INTENSITY** Light  Fair  Medium  Heavy

**ENERGY:** Poor  Fair  Medium  Excellent

**Total Calories** (*Optional*)

\*HIIT = High Intensity Interval Training

## Food Diary

Day 21

## Days 15-31

**Day/Date** \_\_\_\_\_

Three empty rectangular boxes arranged horizontally, intended for children to draw or write in.

**HOURS** slept last night \_\_\_\_\_ **MOOD** Low  Fair  Medium  Excellent

PORTION	FOOD/BEVERAGE	TIME :	CARBS	CALORIES
<b>Breakfast</b>				
<b>Lunch</b>				
<b>Dinner</b>				
<b>Snacks</b>				

## Supplements

## Supplements

Total Carbs\*

\*Daily Carb Allowance 20-30g

## Glasses of Water

**Total Calories (Optional)**

**Total Calories (Optional)**

**Total Calories** (*Optional*)



## ***Yoga***

*...pilates and meditation are all highly beneficial during your detox too!*



**Ginger Chicken Pom & Dill** (Serves 2)  
Carbs per serve 7g

Recipe & photography from 'The Detox Code.'  
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## Days 15-31

Day 22

# Exercise Diary

**Day/Date** \_\_\_\_\_

Three empty rectangular boxes arranged horizontally, intended for children to draw or write in.

**WORKOUT INTENSITY** Light  Fair  Medium  Heavy

**ENERGY:** Poor  Fair  Medium  Excellent

\*HIIT = High Intensity Interval Training

**Total Calories** (*Optional*)

## Food Diary

Day 22

## Days 15-31

**Day/Date** \_\_\_\_\_

Three empty rectangular boxes arranged horizontally, intended for children to draw or write in.

**HOURS** slept last night \_\_\_\_\_ **MOOD** Low  Fair  Medium  Excellent

	PORTION	FOOD/BEVERAGE	TIME : <input type="text"/>	CARBS	CALORIES
Breakfast					
Lunch					
Dinner					
Snacks					

## Supplements

Total Carbs\*

*\*Daily Carb Allowance 20-30g*

## Glasses of Water

**Total Calories** (*Optional*)

## Days 15-31

Day 23

# Exercise Diary

**Day/Date** \_\_\_\_\_

Three empty rectangular boxes arranged horizontally, intended for children to draw or write in.

**WORKOUT INTENSITY** Light  Fair  Medium  Heavy

**ENERGY:** Poor  Fair  Medium  Excellent

**Total Calories** (Optional)

\*HIIT = High Intensity Interval Training

# Food Diary

Day 23

## Days 15-31

**Day/Date** \_\_\_\_\_

Three empty rectangular boxes arranged horizontally, intended for children to draw or write in.

**HOURS** slept last night \_\_\_\_\_ **MOOD** Low  Fair  Medium  Excellent

## Supplements

Total Carbs\*

*\*Daily Carb Allowance 20-30g*

## Glasses of Water

**Total Calories** (Optional)

**Days 15-31**

Day 24

# Exercise Diary

Day/Date \_\_\_\_\_

--	--	--

WORKOUT INTENSITY Light  Fair  Medium  Heavy 

STRENGTH TRAINING TYPE		WEIGHT	SETS	REPS	NOTES
Strength					
AEROBIC or HIIT* TYPE					
Aerobic	INTENSITY(%)	SPEED	DURATION	SETS	CALS (burned)

ENERGY: Poor  Fair  Medium  Excellent Total Calories (Optional) 

\*HIIT = High Intensity Interval Training

# Food Diary

Day 24

**Days 15-31**

Day/Date \_\_\_\_\_

--	--	--

HOURS slept last night \_\_\_\_\_ MOOD Low  Fair  Medium  Excellent 

PORTION	FOOD/BEVERAGE	TIME : :	CARBS	CALORIES
Breakfast				
PORTION	FOOD/BEVERAGE	TIME : :	CARBS	CALORIES
Lunch				
PORTION	FOOD/BEVERAGE	TIME : :	CARBS	CALORIES
Dinner				
PORTION	FOOD/BEVERAGE	TIME : :	CARBS	CALORIES
Snacks				
Supplements List any/all			Total Carbs* <input type="text"/>	

\*Daily Carb Allowance 20-30g

Glasses of Water       Total Calories (Optional)

## Days 15-31

Day 25

# Exercise Diary

**Day/Date** \_\_\_\_\_

Three empty rectangular boxes arranged horizontally, intended for children to draw or write in.

**WORKOUT INTENSITY** Light  Fair  Medium  Heavy

**ENERGY:** Poor  Fair  Medium  Excellent

\*HIIT = High Intensity Interval Training

**Total Calories** (*Optional*)

# Food Diary

Day 25

## Days 15-31

**Day/Date** \_\_\_\_\_

Three empty rectangular boxes arranged horizontally, intended for children to draw or write in.

**HOURS** slept last night \_\_\_\_\_ **MOOD** Low  Fair  Medium  Excellent

	PORTION	FOOD/BEVERAGE	TIME : <input type="text"/>	CARBS	CALORIES
<b>Breakfast</b>					
<b>Lunch</b>					
<b>Dinner</b>					
<b>Snacks</b>					

## Supplements

## **Supplements**

Total Carbs\*

\*Daily Carb Allowance 20-30g

## Glasses of Water

**Total Calories** (*Optional*)

**Total Calories** (*Optional*)

## Days 15-31

Day 26

# Exercise Diary

**Day/Date** \_\_\_\_\_

Three empty rectangular boxes arranged horizontally, intended for children to draw or write in.

**WORKOUT INTENSITY** Light  Fair  Medium  Heavy

**ENERGY:** Poor  Fair  Medium  Excellent

\*HIIT = High Intensity Interval Training

**Total Calories** (*Optional*)

## Food Diary

Day 26

Days 15-31

**Day/Date** \_\_\_\_\_

Three empty rectangular boxes arranged horizontally, intended for children to draw or write in.

**HOURS** slept last night \_\_\_\_\_ **MOOD** Low  Fair  Medium  Excellent

	PORTION	FOOD/BEVERAGE	TIME : <input type="text"/>	CARBS	CALORIES
<b>Breakfast</b>					
<b>Lunch</b>					
<b>Dinner</b>					
<b>Snacks</b>					

## Supplements

## Supplements

Total Carbs\*

*\*Daily Carb Allowance 20-30g*

## Glasses of Water

**Total Calories** (*Optional*)

**Total Calories (Optional)**

## Days 15-31

Day 27

# Exercise Diary

**Day/Date** \_\_\_\_\_

Three empty rectangular boxes arranged horizontally, intended for children to draw or write in.

**WORKOUT INTENSITY** Light  Fair  Medium  Heavy

**ENERGY:** Poor  Fair  Medium  Excellent

\*HIIT = High Intensity Interval Training

**Total Calories** (*Optional*)

## Food Diary

Day 27

## Days 15-31

**Day/Date** \_\_\_\_\_

Three empty rectangular boxes arranged horizontally, intended for children to draw or write in.

**HOURS** slept last night \_\_\_\_\_ **MOOD** Low  Fair  Medium  Excellent

	PORTION	FOOD/BEVERAGE	TIME : <input type="text"/>	CARBS	CALORIES
<b>Breakfast</b>					
<b>Lunch</b>					
<b>Dinner</b>					
<b>Snacks</b>					

## Supplements

Total Carbs\*

\*Daily Carb Allowance 20-30g

## Glasses of Water

## Total Calories *(Optional)*

## Days 15-31

Day 28

# Exercise Diary

**Day/Date** \_\_\_\_\_

Three empty rectangular boxes arranged horizontally, intended for children to draw or write in.

**WORKOUT INTENSITY** Light  Fair  Medium  Heavy

**ENERGY:** Poor  Fair  Medium  Excellent

\*HIIT = High Intensity Interval Training

**Total Calories** (*Optional*)

## Food Diary

Day 28

## Days 15-31

**Day/Date** \_\_\_\_\_

Three empty rectangular boxes arranged horizontally, intended for children to draw or write in.

**HOURS** slept last night \_\_\_\_\_ **MOOD** Low  Fair  Medium  Excellent

	PORTION	FOOD/BEVERAGE	TIME : <input type="text"/>	CARBS	CALORIES
<b>Breakfast</b>					
<b>Lunch</b>					
<b>Dinner</b>					
<b>Snacks</b>					

## Supplements

Total Carbs\*

\*Daily Carb Allowance 20-30g

**Total Calories** (*Optional*)

## Days 15-31

Day 29

# Exercise Diary

**Day/Date** \_\_\_\_\_

Three empty rectangular boxes arranged horizontally, intended for children to draw or write in.

**WORKOUT INTENSITY** Light  Fair  Medium  Heavy

**ENERGY:** Poor  Fair  Medium  Excellent

\*HIIT = High Intensity Interval Training

**Total Calories** (*Optional*)

# Food Diary

Day 29

## Days 15-31

**Day/Date** \_\_\_\_\_

Three empty rectangular boxes arranged horizontally, intended for children to draw or write in.

**HOURS** slept last night \_\_\_\_\_ **MOOD** Low  Fair  Medium  Excellent

	PORTION	FOOD/BEVERAGE	TIME : <input type="text"/>	CARBS	CALORIES
<b>Breakfast</b>					
<b>Lunch</b>					
<b>Dinner</b>					
<b>Snacks</b>					

## Supplements

Total Carbs\*

*\*Daily Carb Allowance 20-30g*

## Glasses of Water

**Total Calories** (Optional)

## Days 15-31

Day 30

# Exercise Diary

**Day/Date** \_\_\_\_\_

Three empty rectangular boxes arranged horizontally, intended for children to draw or write in.

**WORKOUT INTENSITY** Light  Fair  Medium  Heavy

**ENERGY:** Poor  Fair  Medium  Excellent

\*HIIT = High Intensity Interval Training

**Total Calories** (*Optional*)

## Food Diary

Day 30

## Days 15-31

**Day/Date** \_\_\_\_\_

Three empty rectangular boxes arranged horizontally, intended for children to draw or write in.

**HOURS** slept last night \_\_\_\_\_ **MOOD** Low  Fair  Medium  Excellent

	PORTION	FOOD/BEVERAGE	TIME : <input type="text"/>	CARBS	CALORIES
<b>Breakfast</b>					
<b>Lunch</b>					
<b>Dinner</b>					
<b>Snacks</b>					

## Supplements

Total Carbs\*

\*Daily Carb Allowance 20-30g

## Glasses of Water

**Total Calories** (*Optional*)

## Days 15-31

Day 31

# Exercise Diary

**Day/Date** \_\_\_\_\_

Three empty rectangular boxes arranged horizontally, intended for children to draw or write in.

**WORKOUT INTENSITY** Light  Fair  Medium  Heavy

**ENERGY:** Poor  Fair  Medium  Excellent

\*HIIT = High Intensity Interval Training

**Total Calories** (*Optional*)

# Food Diary

Day 31

## Days 15-31

**Day/Date** \_\_\_\_\_

Three empty rectangular boxes arranged horizontally, intended for children to draw or write in.

**HOURS** slept last night \_\_\_\_\_ **MOOD** Low  Fair  Medium  Excellent

PORTION	FOOD/BEVERAGE	TIME :	CARBS	CALORIES
Breakfast				
Lunch				
Dinner				
Snacks				

## Supplements

## **Supplements**

*List any/all*

Total Carbs\*

*\*Daily Carb Allowance 20-30g*

**Total Calories** (*Optional*)

## Green Vegan Smoothie (Serves 1)

Carbs per serve 12g

Recipe & photography from 'The Detox Code.'  
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## Testimonials



"I'm on day 4, feeling great and already lost 3 kgs of body fat. I was a bit sluggish cutting out the caffeine initially but that was only for the first 2 days. My face is starting to clear up too which is amazing and my nails are so much stronger than ever before. Thank you Smart Cleanse!"

Olga, Sydney



"I've done Smart Cleanse twice now, lost 8kgs in total, and still off the coffee! Happy Days... You've turned me into a Smart Cleanse Advocate."

Peter, Sydney

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## Special Offer

Send your 14 Day Smart Cleanse® success story, with before and after photos and a short testimonial, to...  
[newyou@smartcleanse.com.au](mailto:newyou@smartcleanse.com.au)  
and receive **\$25 OFF** your next Smart Cleanse® Detox Kit using coupon code **SMART25** at checkout\*

\*Valid for 12 months

Made in Australia using local and imported materials

PACKED FOR: Smart Cleanse®  
c/o Nulife Cleanse Pty Ltd  
P.O. Box 859, Double Bay,  
NSW 1360, AUSTRALIA

Enquiries: 1800 110 375  
[www.smartcleanse.com.au](http://www.smartcleanse.com.au)  
PRODUCT CODE: CP3008

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