

Detox Preparation Workbook

Before You Begin

Starting point:

Weight: _____

Energy (1-10): _____

Measurements: Chest _____ Waist _____ Hips _____ Thighs _____

Toxicity and Inflammation Quiz

Take this quiz **before** and **after** your detox and see how you feel. (This test is adapted from the work of Dr Mark Hyman.)

Rating Scale –

0 – Almost never, **1** Occasionally have it, effect is not severe, **2** Occasionally have it, effect is severe, **3** Frequently have it, effect is not severe, **4** Frequently have it, effect is severe

Digestive Track	Before	After	Difference
Nausea or vomiting			
Diarrhea			
Constipation			
Bloated feeling			
Belching or passing gas			
Heartburn			
Intestinal / stomach pain			
Subtotal			
Ears	Before	After	Difference

Itchy ears			
Earaches or ear infections			
Drainage from ear			
Ringing in ears or hearing loss			
Subtotal			
Emotions	Before	After	Difference
Mood swings			
Anxiety, fear, or nervousness			
Depression			
Subtotal			
Energy / Activity	Before	After	Difference
Fatigue or sluggishness			
Apathy or lethargy			
Hyperactivity			
Restlessness			
Subtotal			
Eyes	Before	After	Difference
Watery or itchy eyes			
Swollen, reddened or sticky eyelids			
Bags or dark circles under eyes			
Blurred or tunnel vision			
Subtotal			
Head	Before	After	Difference
Headaches			
Faintness			
Dizziness			
Insomnia			
Subtotal			
Heart	Before	After	Difference
Irregular or skipped heartbeat			
Rapid or			

pounding heartbeat			
Chest pain			
Subtotal			
Joints/ Muscles	Before	After	Difference
Aches or pain in joints			
Arthritis			
Stiffness or limitation of movement			
Aches or pain in muscles			
Feeling of weakness or tiredness			
Subtotal			
Lungs	Before	After	Difference
Chest Congestion			
Shortness of breath			
Difficulty breathing			
Subtotal			
Mind	Before	After	Difference
Poor memory			
Confusion or poor comprehension			
Poor concentration			
Poor physical coordination			
Difficulty making decisions			
Stuttering or stammering			
Slurred speech			
Learning disabilities			
Subtotal			
Nose	Before	After	Difference
Stuffy nose			
Sinus problems			

Hay fever			
Sneezing attacks			
Excessive mucus formation			
Subtotal			
Skin	Before	After	Difference
Acne			
Hives, rashes, or dry skin			
Hair loss			
Flushing or hot flushes			
Excessive sweating			
Subtotal			
Weight	Before	After	Difference
Binge eating/ drinking			
Craving certain foods			
Excessive weight			
Compulsive eating			
Water retention			
Skip meals often			
Excess alcohol intake			
Night eating			
Subtotal			
Other	Before	After	Difference
Frequent illness			
Frequent or urgent urination			
Genital itching or discharge			
Subtotal			
Grand Total			

■ ■ ■ Get your head into the game and your results will soar

Before beginning it is important to take inventory and assess where you currently are on all levels of being. Then create your intentions or goals for the detox. Take the time to journal so you can become clear about what you want from this program and for yourself. Below are a few questions to help trigger your thoughts so you start to get clear on what you want.

What would you like to change or shift during this time?

Is there an area in your life you would like to focus on?

How does your body feel now? How would you like it to feel?

Do you have pain?

How are your energy levels?

How are your moods?

Do you feel happy, confident and content?

What are your current health concerns or issues?

 My Detox Intentions

What do you intend to get out of your detox?

What do you *really* want for yourself and your health?

Who will you be when the detox is finished?

How will you have changed?

What will you feel like?

The more you can feel what you want, the more you can fuel your motivation. Use the questions as a guide to create a vivid picture and write it down.

 My vision (for all areas of life)

■ ■ ■ Commitment to yourself (please initial each line):

- I commit to supporting my body and spirit as they have supported me for all these years.
- I commit to being honest with myself and others.
- I commit to cleansing myself of negative self-talk.
- I commit to cleansing myself of negative talk of others.
- I commit to having a body that is radiant, energized, clear and strong.
- I commit to making time for myself and taking care of myself so I can receive the full benefits of this program.
- I commit to focusing on my desired outcome, rather than getting caught up in how I will get there.

Remember: there will never be a right time to detox. My suggestion is that you make a commitment to yourself and stick with it. This will help you build trust with yourself.

How you do a detox is how you do everything. So if you only play at 50% here, then you most likely are playing at only 50% in other areas. Commit to each week and you will be amazed at how you feel and the confidence you will build. You can always go longer.

■■■ Tracking Your Progress and Journey

Daily or almost daily check-ins:

- ✓ What is working/what is going well? Keep your attention on what is working and what you are finding to be positive. By doing this, you will only experience more of it.
- ✓ What am I learning?
- ✓ How is it going so far?
- ✓ What changes are you noticing?
- ✓ How is your sleep?
- ✓ How is your energy level?
- ✓ How are your moods?
- ✓ What are your favorite new foods?
- ✓ What are your favorite new recipes?
- ✓ How do you feel without refined foods?
- ✓ Reconnect with your intention. Feel it, see it vividly. Really taste it!
Connect with yourself as if the image of the new you is already a reality.

Day 1

Energy level/notes

Day 2

Energy level/notes

Day 3

Energy level/notes

Day 4

Energy level/notes

Day 5

Energy level/notes

Day 6

Energy level/notes

Day 7

Energy level/notes

Day 8

Energy level/notes

Day 9

Energy level/notes

Day 10

Energy level/notes

Day 11

Energy level/notes

Day 12

Energy level/notes

Day 13

Energy level/notes

Day 14

Energy level/notes

Day 15

Energy level/notes

Day 16

Energy level/notes

Day 17

Energy level/notes

Day 18

Energy level/notes

Day 19

Energy level/notes

Day 20

Energy level/notes

Day 21

Energy level/notes

Transition Day 22

Energy level/notes

Transition Day 23

Energy level/notes

Transition Day 24

Energy level/notes

Transition Day 25

Energy level/notes

Transition Day 26

Energy level/notes

Transition Day 27

Energy level/notes

Transition Day 28

Energy level/notes

 Congratulations for completing the detox!

How do you feel? Go back and review your answers from the first day and see

Ending Point:

Weight _____

Energy (1-10) _____

Chest _____ Waist _____ Hips _____ Thighs _____