

Client Quiz & Journal

Before getting started, let's do a physical and emotional inventory of **where you are now**. This is to help you see yourself on this journey, it is not about judgement, especially self-judgement, just allow yourself to put down the numbers, they are just numbers and they can change if you want them to.

Starting point:

Weight _____

Energy (1-10 - 1= really low and 10= energy super high) _____

Measure Chest _____ Waist _____ Hips _____ Thighs _____

Toxicity and Inflammation Quiz

Take this quiz **before** and **after** your cleanse 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 | | | |

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| 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 in 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 cleanse. 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. You may want to use this document or a journal you already have.

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?

How can you transform the “can’t” or “shouldn’t” into “can” and “will”?

This is one of the most important questions for transformation so don't skip it.

 **My Cleanse Intentions**

What do you intend to get out of your cleanse?

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

Who will you be when the cleanse 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 cleanse. **My suggestion is that you make a commitment to yourself and stick with it. If you don't manage to stick to every part of it, make a note of what was difficult and why was that. Learn what challenges your body and if it's mentally or physically.** This will help you build trust with yourself moving forward. We are all just how we are right now in this one moment of time, if we make a tiny change now, we will change and then we will be that version of ourselves in that moment. That is what Living in the Moment is all about,

How you do a cleanse 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 hour and day and you will be amazed at how you feel and the confidence you will build. You can always go longer if you wish to.

Even the tiniest pebble makes a ripple in a pool, so will the tiny changes you make in this 7 days

■ ■ ■ Tracking Your Progress and Journey

Daily or almost daily check-ins:

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

■ ■ ■ *You've got this, enjoy it and record every win!*

Day 1

Day 2

Day 3

Day 4

Day 5

Day 6

Day 7

■ ■ ■ *Congratulations on completing the cleanse!*

How do you feel? Go back and review your answers from the first day and see how you've changed.

Ending Point:

Weight _____

Energy (1-10) _____

Chest _____ Waist _____ Hips _____ Thighs _____

Recomplete the quiz again by covering over your initial answers and then compare the two to see what changes have occurred.

I am so looking forward to hearing what you experienced so get in touch and let me know.....

Well done! You are just awesome.