

Your 14 Day Detox Workbook

Before getting started let's do a physical and emotional inventory of where you are now.

Starting point:

Weight _____

Energy (1-10) _____

Chest _____ Waist _____ Hips _____ Thighs _____

Toxicity and Inflammation Quiz

Take this quiz **before** and **after** your cleanse to see how you feel.

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			
Bloating			
Belching or Gas			
Heartburn			
Stomach Pain			
Subtotal			

Ears	Before	After	Difference
Itchy Ears			
Earaches or Infections			
Drainage From Ear			
Ringing in Ears or Hearing Loss			
Subtotal			

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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			

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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			

Mind	Before	After	Difference
Poor memory			
Confusion or poor comprehension			
Poor concentration			
Poor physical coordination			
Difficulty making decisions			
Stuttering or stammering			
Learning disabilities			
Subtotal			

Nose	Before	After	Difference
Stuffy nose			
Sinus problems			
Hay fever			
Sneezing attacks			
Excessive mucus formation			
Subtotal			

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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			
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 that you can become clear about what you want from this program and for yourself.



Below are a few questions to help trigger your thoughts and 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 that 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?

Current health concerns or issues.

How can you transform the "can't" or "shouldn't" into "can" and "will"?

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?

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 that 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. This will help you build trust with yourself.

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 week and you will be amazed at how you feel and the confidence you will build. You can always go longer.



Tracking Your Progress

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 am I noticing?
- How is my sleep?
- How is my energy level?
- How are my moods?
- What are my favorite new foods?
- What are my favorite new recipes?
- How do I 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

Renewal

Day 2

Energy level/notes

Renewal

Day 3

Energy level/notes

Renewal

Day 4

Energy level/notes

Renewal

Day 5

Energy level/notes

Renewal

Day 6

Energy level/notes

Renewal

Day 7

Energy level/notes

Renewal

Day 8

Energy level/notes

Renewal

Day 9

Energy level/notes

Renewal

Day 10

Energy level/notes

Renewal

Day 11

Energy level/notes

Renewal

Day 12

Energy level/notes

Renewal

Day 13

Energy level/notes

Renewal

Day 14

Energy level/notes

Renewal

Congratulations for completing the cleanse!

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

Ending Point:

Weight _____

Energy (1-10) _____

Chest _____ Waist _____ Hips _____ Thighs _____

