

Nourish:

21 Days of Clean Eating

PREP WORKBOOK



NOURISH PREPARATION WORKBOOK

Before You Begin

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

STARTING POINT:

Weight: _____ Energy (1-10): _____

Measurements: Chest _____ Waist _____ Hips _____ Thighs _____

Toxicity & Inflammation Quiz

Take this quiz before and after your program and 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			
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 & 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 program. 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 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 LIKE IT TO FEEL?

DO YOU HAVE PAIN?

HOW IS YOUR ENERGY LEVEL?

HOW IS YOUR MOOD?

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 Intentions

WHAT DO YOU INTEND TO GET OUT OF THIS PROGRAM?

WHAT DO YOU REALLY WANT FOR YOURSELF AND YOUR HEALTH?

WHO WILL YOU BE WHEN THE PROGRAM 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 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 make big changes to your diet. My suggestion is that you make a commitment to yourself and stick with it. This will help you build trust and create confidence within yourself.

Tracking Your Progress & Journey

Use the worksheets below to track your progress. Some questions to ask yourself daily (or almost daily) are:

- ✓ 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 are you 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.
- ✓ Connect with yourself as if the image of the new you is already 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 PROGRAM!

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): _____

Measurements: Chest _____ Waist _____ Hips _____ Thighs _____