

REBOOT AND RESET YOUR BODY

i CLEANSE
WORKBOOK



BY EMILY CHAN-NORRIS

CONGRATULATIONS!

You are about to embark on a fun and eye-opening journey of self-discovery that will improve your health and help you gain insight and awareness into your lifestyle habits and behaviors.

INSTRUCTIONS

Print this workbook and use it as a tool to help guide you throughout the program.

Complete the exercises as honestly as possible.

Unless you choose to share your answers with someone else, this workbook is for your eyes only.

Embrace any emotions that come up for you as you fill it out.

You signed up for this cleanse because you wanted to change or improve something in your life, so I honor you for having the courage to sign up and for being here with me today.

In this workbook, you will be taking inventory of different areas of your life and health before the cleanse begins and again after it's over.

Many people find that this exercise helps them get present to health issues they weren't even aware of when they originally signed up!

It's imperative that you complete the workbook before the cleanse begins so you can refer to it as needed throughout the program.

Lastly, have fun with this!

PRE-CLEANSE ASSESSMENT

Start Date _____ **Starting Weight** _____

Measurements: Chest _____ Waist _____ Hips _____ Thighs _____

List any medications you're currently taking.

Do you have any cravings? If so, list them below.

Do you feel addicted to any foods? If so, list which ones below.

List current source(s) of stress and your method(s) for coping with it.

PART 1: TOXICITY AND INFLAMMATION QUIZ

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

(This test is adapted from the work of Dr. Mark Hyman)

Rating Scale (0 - 4)

- 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

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DIGESTIVE TRACT	Before	After	Difference
Nausea or vomiting			
Diarrhea			
Constipation			
Bloated feeling			
Belching or passing gas			
Heartburn			
Intestinal/stomach pain			
<i>Subtotal</i>			
EARS	Before	After	Difference
Itchy ears			
Earaches or ear infections			
Drainage from ear			
Ringing in ears or hearing loss			
<i>Subtotal</i>			
EMOTIONS	Before	After	Difference
Mood swings			
Anxiety, fear, or nervousness			
Depression			
<i>Subtotal</i>			
ENERGY/ACTIVITY	Before	After	Difference
Fatigue or sluggishness			
Apathy or lethargy			
Hyperactivity			
Restlessness			
<i>Subtotal</i>			
EYES	Before	After	Difference
Watery or itchy eyes			
Swollen, reddened, or sticky eyelids			

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Bags or dark circles under eyes			
Blurred or tunnel vision			
<i>Subtotal</i>			
HEAD	Before	After	Difference
Headaches			
Faintness			
Dizziness			
Insomnia			
<i>Subtotal</i>			
HEART	Before	After	Difference
Irregular or skipped heartbeat			
Rapid or pounding heartbeat			
Chest pain			
<i>Subtotal</i>			
JOINTS/MUSCLES	Before	After	Difference
Aches or pain in joints			
Arthritis			
Stiffness or limitation of movement			
Aches or pains in muscles			
Feeling of weakness or tiredness			
<i>Subtotal</i>			
LUNGS	Before	After	Difference
Chest congestion			
Shortness of breath			
Difficulty breathing			
<i>Subtotal</i>			
MIND	Before	After	Difference
Poor memory			
Confusion or poor comprehension			

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Poor concentration			
Poor physical coordination			
Difficulty making decisions			
Stuttering or stammering			
Slurred speech			
Learning disabilities			
<i>Subtotal</i>			
NOSE	Before	After	Difference
Stuffy nose			
Sinus problems			
Hay fever			
Sneezing attacks			
Excessive mucus formation			
<i>Subtotal</i>			
SKIN	Before	After	Difference
Acne			
Hives, rashes, or dry skin			
Hair loss			
Flushing or hot flashes			
Excessive sweating			
<i>Subtotal</i>			
WEIGHT	Before	After	Difference
Binge eating/drinking			
Craving certain foods			
Excess weight			
Compulsive eating			
Water retention			
Skip meals often			
Excessive alcohol intake			

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Night eating			
<i>Subtotal</i>			
OTHER	Before	After	Difference
Frequent illness			
Frequent or urgent urination			
Genital itching or discharge			
<i>Subtotal</i>			
GRAND TOTAL			

PART 4: GAIN CLARITY TO GET BETTER RESULTS

In order to be successful in anything, you must know exactly WHAT results you want and WHY you want them.

If you're not clear on these two things, you won't know where you're going or have the motivation to stay committed and follow through when the going gets tough.

Use the questions below to help you get crystal clear on where you currently are, exactly what you want for yourself, and your specific reasons for getting there.

List all of your current health concerns or issues.

How do these concerns/issues impact your life on a daily basis? (e.g. Career, Finances, Relationships, etc.)

What would you like to be doing for yourself right now that you're not currently doing?

What gets in the way of doing these things?

Ultimately, what do you REALLY want for yourself and for your health?

List all of the reasons WHY you want that outcome.

When you finally get what you want, how will your life be different? What gets to happen for you that can't happen now?

Describe how you will feel when you finally get what you want.

What are your intentions for this cleanse? What would you like to get out of it?

My Commitment to Myself

Please read and initial each line below:

_____ I commit to supporting my body and spirit as they have supported me for all these years.

_____ I commit to being honest both with myself and with 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.

Commit and recommit to sticking to the program each day and you will be amazed at how you feel and the confidence you will build.

Just take it one day at a time. You can always go longer if you choose.

Make the conscious choice to **be the best version of yourself that you can be** during the program. I know you can do it.

Not only will I be here to support you every step of the way, but you have an amazing group of fellow Cleansingtons to support, inspire, and motivate you to stay committed to your goals.

You've got this!

POST-CLEANSE ASSESSMENT

Go back and review your answers from the first day, fill out the “After” and “Difference” columns on pages 4-7, complete this page, and notice all the wonderful changes you’ve experienced as a result of doing this cleanse.

End Date _____ **Ending Weight** _____

Measurements: Chest _____ Waist _____ Hips _____ Thighs _____

List any medications you’re currently taking.

Do you have any cravings? If so, list them below.

Do you feel addicted to any foods? If so, list which ones below.

List current source(s) of stress and your method(s) for coping with it.

Congratulations! You did it!