

Begin Here

Before getting started, let's do a physical and emotional inventory of where you are now. Then you will do this again when you finish track any changes.

Starting point:

Weight _____

Energy (1-10) _____

Chest _____ Waist _____ Hips _____ Thighs _____

Inflammation Quiz

Take this quiz **before** and **after** your wellness boost and see how you feel. (This 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 | | | |

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 time you are allotting for the Wellness Boost. 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?

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

Do you have pain?

What would you like to change about your energy levels?

What would you like to change about your moods?

Do you feel happy, confident and content?

What are your current health concerns or issues?

My Intentions

What do you intend to get out of your program?

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

How do you want to show up differently or feel differently in your body?

If you commit to yourself, how will you have changed by the end?

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 goal envisioned

Commitment to yourself

- 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, healthy 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 focus on you. There will always be excuses. My suggestion is that you make a commitment to yourself and stick with it. This will help you build trust with yourself, each time you do this program.

Commit to the week and you will be amazed at how you feel and the confidence you will build. You can always go longer to create clear habits and allow for deeper rejuvenation to occur.

Spend a few minutes each day, morning and evening, in your Wellness Boost Journal taking time to assess how you feel and how you did during the day.

At the end of the week, come back and record your ending measurements below. Please share in the Facebook group any changes you have seen or a-ha's you've had during the week.

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) _____

Chest _____ Waist _____ Hips _____ Thighs _____