



Getting Started

Let's set the stage for your success and create some benchmarks.

What are your top 3 intention of 4 weeks?	s or goals that you would like to have achieved at the end
or 4 weeks:	
1.	
3	
What conditions or symptoms	s are concerning to you right now?
1	
Your starting point	
Date:	
Weight:	
Measurements:	
Upper arm:	 (measure right arm for consistency, midway between elbow and shoulder)
Chest:	
Belly button:	_ (parallel to the floor, even with belly button)
Hip:	_ (widest part of the hip)
Thigh:	
Calf:	
Total:	`
	you've released)

Now, take a few selfies – with very little clothing! LOL, you don't have to show anyone else. Take a front, side, and back view. Now do a close-up of your face/skin in good light. By the end of 4 weeks you will notice changes in all of these areas

Day 1	D	ay	1
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Wake Time:	Hours o	of sleep	o:					
Quality of sleep (5 is best, 1 is	worst)							
1 2 3 4 5								
Breakfast					1			
Lunch						1		
Time								
Dinner								
Time		+						
Snack(s)								
Time(s)		1						
Exercise/Movement:								(time/type)
Cravings:								
Digestion and bowels								
(times and types of BMs, any c	other dig	estive	symp	otom	s)			
General Energy Level for day: Physical or emotional symptor						8	9	10

Day 2	Day	2
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Wake Time:	Hours	of sleep	o:						
Quality of sleep (5 is best, 1	is worst)								
1 2 3 4 5									
Breakfast									
Time									
Lunch									
Time									
Dinner						Ш			
Time									
Snack(s)		-					H	1	
Time(s)		1							
Exercise/Movement:		<u> </u>							(time/type)
Cravings:									
Digestion and bowels									
(times and types of BMs, an	y other dig	estive	symp	otoms	5)			ì	
General Energy Level for day	y: 1 2	3	4	5	6	7	8	9	10
Physical or emotional sympt	toms:								

Day	3
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Wake Time:	Hours	of sleep	o:						
Quality of sleep (5 is best, 1	is worst)								
1 2 3 4 5									
Breakfast									
Time									
Lunch									
Time									
Dinner						Ш			
Time									
Snack(s)		-					H	1	
Time(s)		1							
Exercise/Movement:		<u> </u>							(time/type)
Cravings:									
Digestion and bowels									
(times and types of BMs, an	y other dig	estive	symp	otoms	5)			ì	
General Energy Level for day	y: 1 2	3	4	5	6	7	8	9	10
Physical or emotional sympt	toms:								

Day	4
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Wake Time:	Hours o	of slee	ep: _						
Quality of sleep (5 is best, 1 is	worst)								
1 2 3 4 5									
Breakfast									
Time									
Lunch									
Time			_						
Dinner						Н			
Time			-						
Snack(s)									
Time(s)		1							
Exercise/Movement:									(time/type)
Cravings:									
Digestion and bowels									
(times and types of BMs, any	other dig	estive	sym	ptom	ıs)				
General Energy Level for day: Physical or emotional sympto							8	9	10

Day:	5
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Wake Time:	Hours o	of sleep	p: _					
Quality of sleep (5 is best, 1 is	worst)							
1 2 3 4 5								
Breakfast					1			
Lunch								
Time								
Snack(s)				1		}	4	
Time(s)								
Exercise/Movement:								(time/type)
Cravings:								
Digestion and bowels								
(times and types of BMs, any c	ther dig	estive	sym	otom	s)			
General Energy Level for day: Physical or emotional symptor						8	9	10

Day	6

Wake Time:	Hours of s	leep: _					
Quality of sleep (5 is best, 1 is	worst)						
1 2 3 4 5							
Breakfast							
Time		_					
Lunch					1		
Time	1						
Dinner							
Time							
Snack(s)						1	
Time(s)							
Exercise/Movement:							(time/type)
Cravings:							
Digestion and bowels							
(times and types of BMs, any o	other digest	ive sym	ptoms)				
General Energy Level for day:	1 2 3	3 4	5 6	7	8	9	10
Physical or emotional sympton	ms:						

Day '	7
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Wake Time:	_ Hours o	f sleep:						
Quality of sleep (5 is best, 1	is worst)							
1 2 3 4 5								
Breakfast								
Time								
Lunch								
Time								
Dinner					4			
Time								
Snack(s)								
Time(s)								
Exercise/Movement:								(time/type)
Cravings:								
Digestion and bowels								
(times and types of BMs, an	y other dige	estive s	ymptor	ns)			ì	
General Energy Level for da	y: 1 2	3 4	4 5	6	7	8	9	10
Physical or emotional symp	toms:							

WEEK 2

Date:	
Weight:	
Measurements:	
Upper arm:	(measure right arm for consistency, midway between elbow and shoulder)
Chest:	(take just under bra line)
Belly button:	(parallel to the floor, even with belly button)
Hip:	(widest part of the hip)
Thigh:	(right leg, midway between knee and hip)
Calf:	(right leg, largest part of calf)
Total:	(this way you can see how many total inches you've released)

Day	8

Wake Time:	_ Hours o	f sleep:				
Quality of sleep (5 is best, 1	l is worst)					
1 2 3 4 5						
Breakfast						
Time						
Lunch						
Time						
Dinner						
Time						
Snack(s)		-				
Time(s)		1				
Exercise/Movement:						(time/type)
Cravings:						
Digestion and bowels						
(times and types of BMs, a	ny other dige	estive syn	nptoms)			
General Energy Level for da	ay: 1 2	3 4	5 6	7	8 9	9 10
Physical or emotional symp	otoms:					

Day	9

Wake Time:	Hours of	sleep:						
Quality of sleep (5 is best, 1 is	worst)							
1 2 3 4 5								
Breakfast								
Time								
Lunch						<u> </u>		
Time	X.							
Dinner							1	
Time								
Snack(s)						۱	1	
Time(s)								
Exercise/Movement:								(time/type)
Cravings:								
Digestion and bowels								
(times and types of BMs, any o	other diges	tive sy	mptom	ns)			1	
General Energy Level for day:	1 2	3 4	5	6	7	8	9	10
Physical or emotional sympton	ms:							

Day 10									
Wake Time:	Hours	of slee	ep: _						
Quality of sleep (5 is best, 1 is	worst)								
1 2 3 4 5									
Breakfast									
Time									
Lunch									
Time			_						
Dinner									
Time									
Snack(s)								1	
Time(s)									
(3)									
Exercise/Movement:									(time/type)
Cravings:									
Digestion and bowels									
(times and types of BMs, any o	othor dia	ostive	o sym	ntom) c)				
(times and types of bivis, any t	Julier dig	CSUV	z Sylli	pton	13)				
General Energy Level for day:	1 2	3	4	5	6	7	8	9	10
Physical or emotional sympto	ms:								

Wake Time:	Hours o	fslee	p: _						
Quality of sleep (5 is best, 1 is	worst)								
1 2 3 4 5									
Breakfast									
Time			_						
Lunch									
Time			-						
Dinner						Н			
Time			-						
Snack(s)									
Time(s)		1							
Exercise/Movement:									(time/type)
Cravings:									
Digestion and bowels									
(times and types of BMs, any o	other dige	estive	sym	ptom	s)				
General Energy Level for day:	1 2	3	4	5	6	7	8	9	10
Physical or emotional sympton	ms:								

Wake Time:	Hours of s	leep:						
Quality of sleep (5 is best, 1 is	worst)							
1 2 3 4 5								
Breakfast								
Time								
Lunch								
Time		_						
Dinner								
Time								
Snack(s)						ı	1	
Time(s)								
Exercise/Movement:								(time/type)
Cravings:								
Digestion and bowels								
(times and types of BMs, any o	other digest	tive syn	nptom	s)				
General Energy Level for day:	1 2 3	3 4	5	6	7	8	9	10
Physical or emotional sympton	ms:							

Wake Time:	Hours of	slee	o: _						
Quality of sleep (5 is best, 1 is	worst)								
1 2 3 4 5									
Breakfast									
Time									
Lunch									
Time									
Dinner						4			
Time									
Snack(s)							H		
Time(s)		1							
Exercise/Movement:									(time/type)
Cravings:									
Digestion and bowels									
(times and types of BMs, any o	other dige	stive	sym	otom	s)				
General Energy Level for day:	1 2	3	4	5	6	7	8	9	10
Physical or emotional sympton	ms:								

Wake Time:	Hours o	fslee	p: _						
Quality of sleep (5 is best, 1 is	worst)								
1 2 3 4 5									
Breakfast									
Time									
Lunch							1		
Time	1	<u></u>	-						
Dinner						Н			
Time			-						
Snack(s)									
Time(s)		1							
Exercise/Movement:									(time/type)
Cravings:									
Digestion and bowels									
(times and types of BMs, any o	other dige	estive	sym	ptom	s)				
General Energy Level for day:	1 2	3	4	5	6	7	8	9	10
Physical or emotional sympton	ms:								

WEEK 3

Date:	
Weight:	
Measurements:	
Upper arm:	(measure right arm for consistency, midway between elbow and shoulder)
Chest:	(take just under bra line)
Belly button:	(parallel to the floor, even with belly button)
Hip:	(widest part of the hip)
Thigh:	(right leg, midway between knee and hip)
Calf:	(right leg, largest part of calf)
Total:	(this way you can see how many total inche you've released)

Wake Time:	Hours o	fslee	p: _						
Quality of sleep (5 is best, 1 is	worst)								
1 2 3 4 5									
Breakfast									
Time			_						
Lunch							1		
Time	M	A	-						
Dinner						Н			
Time			-						
Snack(s)								_	
Time(s)		1							
Exercise/Movement:									(time/type)
Cravings:									
Digestion and bowels									
(times and types of BMs, any c	other dige	estive	sym	ptom	s)				
General Energy Level for day:	1 2	3	4	5	6	7	8	9	10
Physical or emotional symptor	ms:								

Wake Time:	Hours o	fslee	p: _						
Quality of sleep (5 is best, 1 is	worst)								
1 2 3 4 5									
Breakfast									
Time			_						
Lunch							1		
Time	M	A	-						
Dinner						Н			
Time			-						
Snack(s)								_	
Time(s)		1							
Exercise/Movement:									(time/type)
Cravings:									
Digestion and bowels									
(times and types of BMs, any c	other dige	estive	sym	ptom	s)				
General Energy Level for day:	1 2	3	4	5	6	7	8	9	10
Physical or emotional symptor	ms:								

Wake Time:	Hours o	of sleep	o:					
Quality of sleep (5 is best, 1 is	worst)							
1 2 3 4 5								
Breakfast					1			
Lunch						1		
Time								
Dinner								
Time		+						
Snack(s)								
Time(s)		1						
Exercise/Movement:								(time/type)
Cravings:								
Digestion and bowels								
(times and types of BMs, any c	other dig	estive	symp	otom	s)			
General Energy Level for day: Physical or emotional symptor						8	9	10

Wake Time:	Hours o	fslee	p: _						
Quality of sleep (5 is best, 1 is	worst)								
1 2 3 4 5									
Breakfast									
Time									
Lunch							1		
Time	×.		_						
Dinner						Н			
Time			-						
Snack(s)									
Time(s)		1							
Exercise/Movement:									(time/type)
Cravings:									
Digestion and bowels									
(times and types of BMs, any c	other dige	estive	sym	ptom	s)			Ī	
General Energy Level for day:	1 2	3	4	5	6	7	8	9	10
Physical or emotional symptor	ms:								

Day:	19
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Wake Time:	Hours of sleep:	
Quality of sleep (5 is best, 1 is	worst)	
1 2 3 4 5		
Breakfast		
Time		
Lunch		
Time		
Dinner		
Time	<u>Sk.</u> , 7 7 6/6 7 5/2	
Snack(s)		
Time(s)		
Exercise/Movement:		_ (time/type)
Cravings:		
Digestion and bowels		
(times and types of BMs, any o	ther digestive symptoms)	
General Energy Level for day:	1 2 3 4 5 6 7 8 9	10
Physical or emotional symptor	ms:	
Re-introduce one of the follo	owing:	
Gluten, Dairy, Eggs, Soy, C	orn, Peanuts, Alcohol	
	stick with this same food for 2-3 days tion, sleep on anything else today?	

D-1	. 2	
Day	/ Z	U
	, —	

Wake Time:	Hours of sleep:		
Quality of sleep (5 is best, 1 is	worst)		
1 2 3 4 5			
Breakfast			
Time			
Lunch			
Time			
Dinner		,	
Time			
Snack(s)			
Time(s)			
Exercise/Movement:		4	(time/type)
Cravings:			
Digestion and bowels			
(times and types of BMs, any o	other digestive symptoms)		
General Energy Level for day:	1 2 3 4 5 6 7 8	9	10
Physical or emotional sympton	ms:		
Re-introduce one of the follo	owing:		
Gluten, Dairy, Eggs, Soy, C	Corn, Peanuts, Alcohol		
	stick with this same food for 2-3 days tion, sleep on anything else today?		

D-		2	1
UC	1 9	4	Д

Wake Time:	Hours of sleep:	
Quality of sleep (5 is best, 1 is	worst)	
1 2 3 4 5		
Breakfast		
Time		
Lunch		
Time		
Dinner		
Time	<u> </u>	
Snack(s)		
Time(s)		
Exercise/Movement:		(time/type)
Cravings:		
Digestion and bowels		
(times and types of BMs, any o	ther digestive symptoms)	
General Energy Level for day:	1 2 3 4 5 6 7 8 9	10
Physical or emotional symptor	ns:	
Re-introduce one of the follo	owing:	
Gluten, Dairy, Eggs, Soy, C	orn, Peanuts, Alcohol	
	stick with this same food for 2-3 days tion, sleep on anything else today?	

WEEK 4

Date:	
Weight:	
Measurements:	
Upper arm:	(measure right arm for consistency, midway between elbow and shoulder)
Chest:	(take just under bra line)
Belly button:	(parallel to the floor, even with belly button)
Hip:	(widest part of the hip)
Thigh:	(right leg, midway between knee and hip)
Calf:	(right leg, largest part of calf)
Total:	(this way you can see how many total inches you've released)

<u> 22</u>

Wake Time:	Hours of sleep:		
Quality of sleep (5 is best, 1 is	worst)		
1 2 3 4 5			
Breakfast			
Time			
Lunch			
Time			
Dinner		,	
Time	<u> </u>		
Snack(s)			
Time(s)			
Exercise/Movement:		/	(time/type)
Cravings:			
Digestion and bowels			
(times and types of BMs, any o	other digestive symptoms)		
General Energy Level for day:	1 2 3 4 5 6 7 8	9	10
Physical or emotional sympton	ms:		
Re-introduce one of the follo	owing:		
Gluten, Dairy, Eggs, Soy, C	Corn, Peanuts, Alcohol		
	stick with this same food for 2-3 days tion, sleep on anything else today?		

Day:	23
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Wake Time:	Hours of sleep:		
Quality of sleep (5 is best, 1 is	worst)		
1 2 3 4 5			
Breakfast			
Time			
Lunch			
Time			
Dinner		,	
Time	<u> </u>		
Snack(s)			
Time(s)			
Exercise/Movement:		/	(time/type)
Cravings:			
Digestion and bowels			
(times and types of BMs, any o	other digestive symptoms)		
General Energy Level for day:	1 2 3 4 5 6 7 8	9	10
Physical or emotional sympton	ms:		
Re-introduce one of the follo	owing:		
Gluten, Dairy, Eggs, Soy, C	Corn, Peanuts, Alcohol		
	stick with this same food for 2-3 days tion, sleep on anything else today?		

Day 2	24
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Wake Time: Hours of sleep:
Quality of sleep (5 is best, 1 is worst)
1 2 3 4 5
Breakfast
Time
Lunch
Time
Dinner
Time
Snack(s)
Time(s)
Exercise/Movement: (time/type)
Cravings:
Digestion and bowels
(times and types of BMs, any other digestive symptoms)
General Energy Level for day: 1 2 3 4 5 6 7 8 9 10
Physical or emotional symptoms:
Re-introduce one of the following:
Gluten, Dairy, Eggs, Soy, Corn, Peanuts, Alcohol
Circle which one you pick and stick with this same food for 2-3 days Changes in energy, skin, digestion, sleep on anything else today?

Day	<i>,</i> 25

Wake Time: H	Hours of sleep:	
Quality of sleep (5 is best, 1 is w	vorst)	
1 2 3 4 5		
Breakfast		
Time		
Lunch		
Time		
Dinner		
Time		
Snack(s)		
Time(s)		
Exercise/Movement:		_ (time/type)
Cravings:		
Digestion and bowels		
(times and types of BMs, any ot	her digestive symptoms)	
General Energy Level for day: 1	2 3 4 5 6 7 8 9	10
Physical or emotional symptom	s:	
Re-introduce one of the follow	ving:	
Gluten, Dairy, Eggs, Soy, Co	rn, Peanuts, Alcohol	
	tick with this same food for 2-3 days on, sleep on anything else today?	

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Wake Time:	Hours of sleep:		
Quality of sleep (5 is best, 1 is	worst)		
1 2 3 4 5			
Breakfast			
Time			
Lunch			
Time			
Dinner		,	
Time			
Snack(s)			
Time(s)			
Exercise/Movement:		4	(time/type)
Cravings:			
Digestion and bowels			
(times and types of BMs, any o	other digestive symptoms)		
General Energy Level for day:	1 2 3 4 5 6 7 8	9	10
Physical or emotional sympton	ms:		
Re-introduce one of the follo	owing:		
Gluten, Dairy, Eggs, Soy, C	Corn, Peanuts, Alcohol		
	stick with this same food for 2-3 days tion, sleep on anything else today?		

Day	2	7
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Wake Time:	Hours of sleep:	
Quality of sleep (5 is best, 1 is	worst)	
1 2 3 4 5		
Breakfast		
Time		
Lunch		
Time		
Dinner		
Time	<u> </u>	
Snack(s)		
Time(s)		
Exercise/Movement:		(time/type)
Cravings:		
Digestion and bowels		
(times and types of BMs, any o	other digestive symptoms)	
General Energy Level for day:	1 2 3 4 5 6 7 8	9 10
Physical or emotional sympton	ms:	
Re-introduce one of the follo	owing:	
Gluten, Dairy, Eggs, Soy, C	Corn, Peanuts, Alcohol	
	stick with this same food for 2-3 days tion, sleep on anything else today?	

D	ay	/	2	8

Wake Time:	Hours of sleep:		
Quality of sleep (5 is best, 1 is	worst)		
1 2 3 4 5			
Breakfast			
Time			
Lunch			
Time			
Dinner			
Time	<u> </u>		
Snack(s)			
Time(s)			
Exercise/Movement:		4	(time/type)
Cravings:			
Digestion and bowels			
(times and types of BMs, any o	other digestive symptoms)		
General Energy Level for day:	1 2 3 4 5 6 7 8	9	10
Physical or emotional sympton	ms:		
Re-introduce one of the follo	owing:		
Gluten, Dairy, Eggs, Soy, C	Corn, Peanuts, Alcohol		
	stick with this same food for 2-3 days tion, sleep on anything else today?	;	

You did it! You made it through the four weeks and you are well on the path to a more intuitive style of eating.

Let's take a look at where you're at now: Date: _____ Weight: _____ Measurements: Upper arm: _____ (measure right arm for consistency, midway between elbow and shoulder) Chest: _____ (take just under bra line) Belly button: _____ (parallel to the floor, even with belly button) (widest part of the hip) Thigh: _____ (right leg, midway between knee and hip) (right leg, largest part of calf) Calf: ______ Total: _____ (this way you can see how many total inches you've released) Total Change from when you started: ______ Take new pictures! Food that may be problematic and I will continue to eliminate for 3 more months:

Date I will try again: ______

Foods that are okay to include on a limited basis:		
What I have noticed and learned from this experience:		
	4-7-	