

Welcome to your Body Mind Soul Program

This program has been developed and produced
by Stephen Hill - The Happy Coach

What you need to get the most...

Lets put things into perspective, 10 days and your life could change for the better, forever! Yes, and before this transformation can take place, you need to prepare for what you are going to embark on. I have prepared a list of what will be required to enable your success in the program. Warning: Don't leave anything out, especially the supplements.

To ensure you allow yourself the opportunity to be successful with this program it is best for you to stop the following:

Alcohol Sugar Carbs Caffeine Dairy Breads/starches

Items required for the program

Grocery List

This is a list of all the ingredients within this menu. If you are a good cook you could make your own meals within this list. If not, stick to the meal planner which is included in the program...

Chick peas	Lentils	Raw Almonds	Konjac Pasta/ Rice	Red Cabbage
Spinach	Green Peppers	Hemp seeds	Avocados	Dijon Mustard
Eggplant	Asparagus	Chia Seeds	Kiwi Fruit	Garlic cloves
Red peppers	Cauliflower	Kale	Mushrooms	Med Onions
Extra Virgin Olive oil	Lean cuts of Red & white meat	Hommus Dip	Fresh or Dried Herbs	Low sodium soy sauce
Apple cider vinegar	Salmon and/or Sardines	Herbal tea – No caffeine	Low Sodium Chicken Stock	Unsweetened Coconut milk
Olives	Carrots	Curry Mixes	Blueberries	Fresh Lemons
Tomatoes	Broccoli	Snow Peas	Coconut water	eggs
Sesame Seeds	Canned Tomatoes	Balsamic Vinegar	Chilli Sauce (Scarchia)	Worcester Sauce
Parsley	Veggie Stock	Fresh Chillis	Zuchini	Nori Sheets
Pumpkin Seeds	Yellow Peppers	Green Peppers	Beetroot	Sesame Oil
Coriander	Celery	Semi Dried Tomatoes	Kimichi	Tofu (Firm)
Chipole Chlli (Canned)	Spices	Tamari	Cumin	Lime juice

This will be a good start to the Diet component of the Happiness Program

Before you start- What would you like to achieve from this program?

After the program: Upon reflection did you achieve what you set out? If not, why not?

NB: If you are including the smoothies in your plan, you will need to look over the ingredients for the breakfast, which is included in the meal planner.

These are other items that are required to be successful in the program and to have lasting change with your body and mind

Tape measure (for measuring person) and scales	
Download mindfulness app (I suggest Calm but there are many)	
Vitamins (Multi vitamin, vitamin c, fish oil tablets, vitamin b &d, magnesium tab)	
Juice Blender	
Fibre (Psyllium husk) or Metamcil will work	
Grocery List (no potatoes, rice, pasta, noodles) No Carbs and no Sugar	
Gym Gear for 7 day a week of moderate exercise (30-40 minutes)	
Panadols – You will need them for the first 4 days.	
Pre cleanse test	

Important Notice:

- Stick to the Plan and reframe from adding items or deviating. It is only 10 days and this program has been designed for maximum effect. You will not see the benefits if you do.
- You will get headaches, loss of energy, feel lethargic for the first few day, but if your preserve, you will reap the benefits, I guarantee it
- If you have any medical conditions that could effect you completing the program, it is advisable to speak to your medical practitioner.

Tasks that need to be completed to ensure you achieve the results you desire

- Body Mind Journal - Daily
- Gratitude Journal - Daily
- Body Mind Soul Check list - Daily
- Pre Cleanse - Before the program begins
- Happiness test
- Self Assessment
- Life Wheel
- Belief Busting
- The Love list

- Your compliment list
- Life Plan

In this program

You have everything you need to make the changes you want to see, so get it done. Oh, there are two's you do need bring... Discipline and Commitment

The Game Plan

Wake up

- Weigh in and note quality of sleep - in your 'Body Mind' Journal
- 30 Minutes of Moderate to Vigorous Exercise (important to do in the morning)

Morning

- 10 minutes of mindfulness exercise (Suggest the Calm App)
- Fibre and Vitamins 10 minutes prior to breakfast
- Breakfast - Shake or Smoothie (from the meal planner)
- Mood Check in - This is in the Happiness program Journal
- Mid Morning snack - 10-12 Raw Almonds (Macadamia, cashews - must be raw)

Lunch & Afternoon

- Go for a 10-15 minute walk - brisk if possible
- Fibre and Vitamins 10 minutes prior to meal
- 3-4-5 breathing exercise just before meal
- Meal from the meal planner
- Mid afternoon snack - Dips (Hummus) with carrots
- Mood Check in - Body Mind Journal

Dinner

- Vitamins and Fibre 10 minutes prior to your meal
- 3-4-5 breathing exercise just before your meal
- Choose a meal from the meal planner
- Take a short 10 minute walk or short Yoga session 15 minutes prior to your meal

Bed time

- Complete the Body Mind Journal and Gratitude Journal
- Prepare your day ahead by writing it down prior to bed
- 5 Minute body scan exercise (Can use the Calm App) with lights out and laying in bed, or a 10 minute mindfulness exercise
- Get 7-8 hours sleep - NB if wanting 8 hours, you must allow 8.5 hours in bed as you will need at least 30 minutes to get to sleep

Must Do's

- Complete the Body Mind Journal and Gratitude Journal daily
- Drink 10 glasses of water a day
- Take the fibre before all three meals
- Spend 15 minutes a day on something you love doing

Pre Cleanse Test

Before you take part in this program, it is important to understand what is happening within your body and mind. The good things and the not so good things. When completing this test ensure you are as honest as possible as you will be completing another test at the end of the program.

How to do this test.

When answering the test, the day before you commence the program, simply tick the column that applies to you. The reference table is on the last page of the assessment.

	0	1	2	3	4
Head					
Headaches					
Faintness					
Dizziness					
Insomnia					
Joints/Muscles					
Arthritis					
Feeling of weakness or tiredness					
Pain or aches in the joints					
Stiffness or limited movement					
Mind					
Slurred speech					
Poor Memory					
Confusion/Poor Comprehension					
Poor Concentration					
Difficulty making decisions					
Learning difficulties					
Poor physical coordination					
Nose					
Stuffy Nose					
Hay Fever					
Excessive mucus					
Sneezing attacks					
Sinus problems					

Pre Cleanse Test

	0	1	2	3	4
Weight Loss					
Binge eating/drinking					
craving certain foods					
Underweight					
Compulsive Eating					
Excessive Weight					
Water retention					
Lungs					
Chest Congestion					
Asthma, bronchitis					
Shortness of breath					
Difficulty breathing					
Mouth/Throat					
Chronic Coughing					
Gagging, needing to clear throat					
Cold Sores					
Swollen or discoloured tongue, gum and lips					
Sore throat, hoarse, loss of voice					
Skin					
Acne					
Excessive sweating					
Flushing or hot flushes					
Hair Loss					
Hives, rashes or dry skin					

Pre Cleanse Test

	0	1	2	3	4
Heart					
Irregular or skipped heart beat					
Rapid or pounding heartbeat					
Chest pain					
Emotions					
Mood Swings					
Extended periods of stress					
Depression					
Anxiety, fear or nervousness					
Irrational reactions to situations					
Eyes					
Watery or Itchy					
Swollen, reddish or sticky eyelids					
Blurred vision					
Bags or dark circles under eyes					
Other					
Frequent illness					
Frequent or urgent need to urinate					
TOTAL					
	TOTAL				

- 0 - Never or almost never have a symptom
- 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

- Result of Test**
- Optimal health - Less than 10
 - Mild Toxicity - 10 -50
 - Moderate Toxicity - 51- 100
 - Severe Toxicity - Over 100

This tool is an adaptation of the Toxicity test by Dr Mark Hyman

Body Mind Journal

Morning

Day One

Hours Sleep:

Quality for Sleep (1-10):

Weight:

Breakfast:

Waist (cm):

Mood:

Snacks

item:

Energy Levels:

Lunch

Meal:

Snacks and Mood Check in

item:

Mood:

Evening

Meal:

Energy Levels (1-10)

Exercise

Time of Exercise:

Type of Exercise

Length of Exercise:

Time of Exercise:

Type of Exercise

Length of Exercise:

Extra exercise activities:

Treats

Mindfulness

Activity:

Time of Activity:

Length of Activity:

Activity:

Time of Activity:

Length of Activity:

What did you do for yourself

Activity:

Length of Activity:

Mood for the day

Provide detail for this one:

Morning

Day Two

Hours Sleep:

Quality for Sleep (1-10):

Weight:

Breakfast:

Mood:

Snacks

item:

Energy Levels:

Lunch

Meal:

Snacks and Mood Check in

item:

Mood:

Evening

Meal:

Energy Levels (1-10)

Exercise

Time of Exercise:

Type of Exercise

Length of Exercise:

Time of Exercise:

Type of Exercise

Length of Exercise:

Extra exercise activities:

Treats

Mindfulness

Activity:

Time of Activity:

Length of Activity:

Activity:

Time of Activity:

Length of Activity:

What did you do for yourself

Activity:

Length of Activity:

Mood for the day

Provide detail for this one:

Morning

Day Three

Hours Sleep:

Quality for Sleep (1-10):

Weight:

Breakfast:

Mood:

Snacks

item:

Energy Levels:

Lunch

Meal:

Snacks and Mood Check in

item:

Mood:

Evening

Meal:

Energy Levels (1-10)

Exercise

Time of Exercise:

Type of Exercise

Length of Exercise:

Time of Exercise:

Type of Exercise

Length of Exercise:

Extra exercise activities:

Treats

Mindfulness

Activity:

Time of Activity:

Length of Activity:

Activity:

Time of Activity:

Length of Activity:

What did you do for yourself

Activity:

Length of Activity:

Mood for the day

Provide detail for this one:

Morning

Day Four

Hours Sleep:

Quality for Sleep (1-10):

Weight:

Breakfast:

Mood:

Snacks

item:

Energy Levels:

Lunch

Meal:

Snacks and Mood Check in

item:

Mood:

Evening

Meal:

Energy Levels (1-10)

Exercise

Time of Exercise:

Type of Exercise

Length of Exercise:

Time of Exercise:

Type of Exercise

Length of Exercise:

Extra exercise activities:

Treats

Mindfulness

Activity:

Time of Activity:

Length of Activity:

Activity:

Time of Activity:

Length of Activity:

What did you do for yourself

Activity:

Length of Activity:

Mood for the day

Provide detail for this one:

Morning

Day Five

Hours Sleep:

Quality for Sleep (1-10):

Weight:

Breakfast:

Mood:

Snacks

item:

Energy Levels:

Lunch

Meal:

Snacks and Mood Check in

item:

Mood:

Evening

Meal:

Energy Levels (1-10)

Exercise

Time of Exercise:

Type of Exercise

Length of Exercise:

Time of Exercise:

Type of Exercise

Length of Exercise:

Extra exercise activities:

Treats

Mindfulness

Activity:

Time of Activity:

Length of Activity:

Activity:

Time of Activity:

Length of Activity:

What did you do for yourself

Activity:

Length of Activity:

Mood for the day

Provide detail for this one:

Morning

Day Six

Hours Sleep:

Quality for Sleep (1-10):

Weight:

Breakfast:

Mood:

Snacks

item:

Energy Levels:

Lunch

Meal:

Snacks and Mood Check in

item:

Mood:

Evening

Meal:

Energy Levels (1-10)

Exercise

Time of Exercise:

Type of Exercise

Length of Exercise:

Time of Exercise:

Type of Exercise

Length of Exercise:

Extra exercise activities:

Treats

Mindfulness

Activity:

Time of Activity:

Length of Activity:

Activity:

Time of Activity:

Length of Activity:

What did you do for yourself

Activity:

Length of Activity:

Mood for the day

Provide detail for this one:

Morning

Day Seven

Hours Sleep:

Quality for Sleep (1-10):

Weight:

Breakfast:

Mood:

Snacks

item:

Energy Levels:

Lunch

Meal:

Snacks and Mood Check in

item:

Mood:

Evening

Meal:

Energy Levels (1-10)

Exercise

Time of Exercise:

Type of Exercise

Length of Exercise:

Time of Exercise:

Type of Exercise

Length of Exercise:

Extra exercise activities:

Treats

Mindfulness

Activity:

Time of Activity:

Length of Activity:

Activity:

Time of Activity:

Length of Activity:

What did you do for yourself

Activity:

Length of Activity:

Mood for the day

Provide detail for this one:

Morning

Day Eight

Hours Sleep:

Quality for Sleep (1-10):

Weight:

Breakfast:

Mood:

Snacks

item:

Energy Levels:

Lunch

Meal:

Snacks and Mood Check in

item:

Mood:

Evening

Meal:

Energy Levels (1-10)

Exercise

Time of Exercise:

Type of Exercise

Length of Exercise:

Time of Exercise:

Type of Exercise

Length of Exercise:

Extra exercise activities:

Treats

Mindfulness

Activity:

Time of Activity:

Length of Activity:

Activity:

Time of Activity:

Length of Activity:

What did you do for yourself

Activity:

Length of Activity:

Mood for the day

Provide detail for this one:

Morning

Day Nine

Hours Sleep:

Quality for Sleep (1-10):

Weight:

Breakfast:

Mood:

Snacks

item:

Energy Levels:

Lunch

Meal:

Snacks and Mood Check in

item:

Mood:

Evening

Meal:

Energy Levels (1-10)

Exercise

Time of Exercise:

Type of Exercise

Length of Exercise:

Time of Exercise:

Type of Exercise

Length of Exercise:

Extra exercise activities:

Treats

Mindfulness

Activity:

Time of Activity:

Length of Activity:

Activity:

Time of Activity:

Length of Activity:

What did you do for yourself

Activity:

Length of Activity:

Mood for the day

Provide detail for this one:

Morning

Day Ten

Hours Sleep:

Quality for Sleep (1-10):

Weight:

Waist(cm):

Difference:

Breakfast:

Mood:

Snacks

item:

Energy Levels:

Lunch

Meal:

Snacks and Mood Check in

item:

Mood:

Evening

Meal:

Energy Levels (1-10)

Exercise

Time of Exercise:

Type of Exercise

Length of Exercise:

Time of Exercise:

Type of Exercise

Length of Exercise:

Extra exercise activities:

Treats

Mindfulness

Activity:

Time of Activity:

Length of Activity:

Activity:

Time of Activity:

Length of Activity:

What did you do for yourself

Activity:

Length of Activity:

Mood for the day

Provide detail for this one:

GRATITUDE JOURNAL

DAY ONE

Journal your day

5 Things you are grateful for

Gratitude Journal

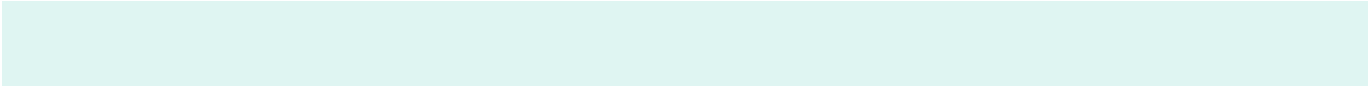
Who made you happy & what did they do to make you happy?

Gratitude helps for us to live and be in the moment and to appreciate the beauty in everything.
 In our society, we have lost this art.
 There is always something to be grateful for. Time to believe in the magic of gratitude and your life will never be the same.

This Journal is here to help you make time for gratitude. Use it to reflect on your day. What made you smile? What did you enjoy? What did someone do for you that made you happy? What did you do to make someone happy? Bought a coffee for them. What amazing moments did you experience today? Much needed rain falling on the ground. Let your mind show no boundaries when it comes to Gratitude.

I have added a few extra items to this Journal and you will receive a bonus activity from me everyday throughout the program. It is up to you if you choose to take on the daily challenge

Pick up the Journal when ever you want and make Gratitude one of your major virtues.



GRATITUDE JOURNAL

DAY TWO

Journal your day

.....

.....

.....

5 Things you are grateful for

- 1.
- 2.
- 3.
- 4.
- 5.

Who did you make happy and what did you do?

Who made you happy & what did they do to make you happy?

What did you learn today?

What random act of kindness did you complete today?

Bonus Activity - Did you do it and what was the outcome?

.....

.....

GRATITUDE JOURNAL

DAY THREE

Journal your day

.....

.....

.....

5 Things you are grateful for

- 1.
- 2.
- 3.
- 4.
- 5.

Who did you make happy and what did you do?

.....

.....

Who made you happy & what did they do to make you happy?

.....

.....

What did you learn today?

.....

.....

What random act of kindness did you complete today?

.....

.....

Bonus Activity - Did you do it and what was the outcome?

.....

.....

GRATITUDE JOURNAL

DAY FOUR

Journal your day

5 Things you are grateful for

- 1.
- 2.
- 3.
- 4.
- 5.

Who did you make happy and what did you do?

Who made you happy & what did they do to make you happy?

What did you learn today?

What random act of kindness did you complete today?

Bonus Activity - Did you do it and what was the outcome?

GRATITUDE JOURNAL

DAY FIVE

Journal your day

.....

.....

.....

5 Things you are grateful for

- 1.
- 2.
- 3.
- 4.
- 5.

Who did you make happy and what did you do?

Who made you happy & what did they do to make you happy?

What did you learn today?

What random act of kindness did you complete today?

Bonus Activity - Did you do it and what was the outcome?

.....

.....

GRATITUDE JOURNAL

DAY SIX

Journal your day

.....

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.....

.....

5 Things you are grateful for

- 1.
- 2.
- 3.
- 4.
- 5.

Who did you make happy and what did you do?

Who made you happy & what did they do to make you happy?

What did you learn today?

What random act of kindness did you complete today?

Bonus Activity - Did you do it and what was the outcome?

.....

.....

GRATITUDE JOURNAL

DAY SEVEN

Journal your day

life

5 Things you are grateful for

- 1.
- 2.
- 3.
- 4.
- 5.

Who did you make happy and what did you do?

Who made you happy & what did they do to make you happy?

What did you learn today?

What random act of kindness did you complete today?

Bonus Activity - Did you do it and what was the outcome?

GRATITUDE JOURNAL

DAY EIGHT

Journal your day

.....

.....

.....

.....

5 Things you are grateful for

- 1.
- 2.
- 3.
- 4.
- 5.

Who did you make happy and what did you do?

.....

.....

Who made you happy & what did they do to make you happy?

.....

.....

What did you learn today?

.....

.....

What random act of kindness did you complete today?

.....

.....

Bonus Activity - Did you do it and what was the outcome?

.....

.....

GRATITUDE JOURNAL

DAY NINE

Journal your day

5 Things you are grateful for

- 1.
- 2.
- 3.
- 4.
- 5.

Who did you make happy and what did you do?

Who made you happy & what did they do to make you happy?

What did you learn today?

What random act of kindness did you complete today?

Bonus Activity - Did you do it and what was the outcome?

GRATITUDE JOURNAL

DAY TEN

Journal your day

life
attitude believe religious message
feeling feedback pleasing respect healing reach
gentle forgive admiration

5 Things you are grateful for

- 1.
- 2.
- 3.
- 4.
- 5.

Who did you make happy and what did you do?

happy joyful gift praise
thank you grateful
appreciate inspirational expressing

Who made you happy & what did they do to make you happy?

joy happiness regard guidance positive receive faith abundance grateful
philosophy receive faith abundance grateful
chance offering

What did you learn today?

What random act of kindness did you complete today?

Bonus Activity - Did you do it and what was the outcome?



Life Planning

People use the word goal setting but I like to use the term, life planning because that is what we are about to do. There is a famous quote stating, 'If you are not using your plan for your life, who made it for you? Because it's probably their plan' You get one shot at this thing called life, make it yours, not someone else's...

The real power of life planning is when you take the step and plan your future to how you want it to be and within doing so, find your passion and reason for being put on this amazing planet. Setting your plan the right way is Inspiring, empowering, exciting and motivating! Imagine already knowing what your life will look like ten years from now? Gives me goose bumps just thinking about it and gets the juices flowing.

95% of the population don't have a plan, so what you are about to do will put you in the top 5% of the global population and with that, gives you the power to shape your life from today and beyond.

As Jim Rohn once quoted, 'Like a well- defined dream' well-defined plans work like magnets. They pull you in their direction. The better YOU DEFINE them, the better YOU DESCRIBE them, the harder YOU WORK on achieving them, the stronger THEY PULL you to and your never ending legacy'.

So lets get started.

Grab the attached worksheet and get yourself in a quiet space as this is an important task and may require peace and quiet.

What do I want within the next one to ten years?

The key to doing this exercise is to do it as quickly as possible. You need to spend no more than 12 to 15 minutes to write down about 50 different items, yes 50. To help you get started on this, consider the following questions when making your list.

1. What do I want to do?
2. What do I want to be?
3. What do I want to see?
4. What do I want to have?
5. Where do I want to go?
6. What do I want to share?

Now, with the help of these questions, answer the primary question 'What do I want within the next one to ten years?'

Give your mind free rein. Let the items flow freely. Don't provide any detail as this will be done later. When you have completed your list it is time to review what you have written. Put the number of years you feel it will take for you to reach or acquire each item. (1,3,5,10).

Once you have completed this, check to see that what you have written is balanced. What I mean by this, if you have a lot of items with 10 year outcomes and only a few 1 year, you are putting things off and postponing the date of completion. On the other hand, if you have many short term plans and little 10 year plans, perhaps you are not clear on what type of life you want to build in the long run. Your list should be balanced.

Ok, now that you have reviewed and balanced your list, choose 3 from each of the 4 categories (1 year, 3 year, 5 year, 10 year)

Now you have 12 items. For each of these, write a short paragraph which includes the following:

1. A detailed description of what you want. If it's a material object, describe how high, how long, how much, what model, what colour and so on. If it's a position or business you want to start, describe the job including salary, title, budget under your control, how many staff you will employ and so on.
2. The reason why you want to achieve or acquire this item. You will find out here if you really want it or it's just a passing fancy. If you are unable to come up with a convincing reason why you want it, you should replace it with something else.

You need to understand that 'what you want' is a powerful motivator only if there is a good reason behind it. Doing this activity will cause you to reflect, refine and revise and that is the whole point behind doing this exercise: to help plan for your future.

Once you have completed this activity, type them out in year order and have them colour coded. 1 year in one colour, 3 years in another and so on...

Now, you have a 10 year life plan, what are you going to do with it? Choose one or all of the following to really ingrain these into your day to day life as you need to read them and imprint them into your unconscious mind. If you did this, you will notice some amazing occurrences.

- Laminated and put in your shower – If you have a shower every day, it will be place you can read them without the noise of the outside world
- Screen saver on your computer or phone.
- Copy in your wallet
- Copy in a frame on your work desk.
- Copy on the sun visor of your car.

The reason you need to complete this exercise – have a well thought out plan for you, it will compel you to become the person you need to become to achieve them – deep!

Once this has been done it is time to Plan, Plan, Plan (I have provided a form for this too...)

This is a time consuming exercise but whether you accept it or not, you are, right now, playing the game of life with other players. Believe me, if you don't have goals to shoot at, you aren't playing a very exciting game. And in all seriousness, as I stated at the beginning of this exercise, if you are not playing the game with your plan, there is a good chance someone else has made the plan for you or you.

So, what are you waiting for? Get your pen and start discovering why you exist and what you need to do to achieve what it is you want

Your Life Plan

What do I want within the next 1 to 10 years?

What do I want to do in the next...?

What do I want to be in the next... ?

What do I want to see in the next...?

What do I want to have in the next...?

Where do I want to go in the next...?

DATE

SUBMITTED BY

What do I want to share in the next...?

Plan for the 1st Quarter

It's the _____ and I ...

Reward: _____	Achieved YES/NO Percentage completed _____%
Reward: _____	Achieved YES/NO Percentage completed _____%
Reward: _____	Achieved YES/NO Percentage completed _____%
Reward: _____	Achieved YES/NO Percentage completed _____%
Reward: _____	Achieved YES/NO Percentage completed _____%

Plan for the 2nd Quarter

It's the _____ and I ...

Reward: _____	Achieved YES/NO
	Percentage completed _____%

Reward: _____	Achieved YES/NO
	Percentage completed _____%

Reward: _____	Achieved YES/NO
	Percentage completed _____%

Reward: _____	Achieved YES/NO
	Percentage completed _____%

Reward: _____	Achieved YES/NO
	Percentage completed _____%

Plan for the 3rd Quarter

It's the _____ and I ...

Reward: _____	Achieved YES/NO Percentage completed _____ %
Reward: _____	Achieved YES/NO Percentage completed _____ %
Reward: _____	Achieved YES/NO Percentage completed _____ %
Reward: _____	Achieved YES/NO Percentage completed _____ %
Reward: _____	Achieved YES/NO Percentage completed _____ %

Plan for the 4th Quarter

It's the _____ and I ...

	Achieved YES/NO
	Percentage completed _____ %
Reward: _____	

	Achieved YES/NO
	Percentage completed _____ %
Reward: _____	

	Achieved YES/NO
	Percentage completed _____ %
Reward: _____	

	Achieved YES/NO
	Percentage completed _____ %
Reward: _____	

	Achieved YES/NO
	Percentage completed _____ %
Reward: _____	

Pre Cleanse Test

Before you take part in this program, it is important to understand what is happening within your body and mind. The good things and the not so good things. When completing this test ensure you are as honest as possible as you will be completing another test at the end of the program.

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Faintness					
Dizziness					
Insomnia					
Joints/Muscles					
Arthritis					
Feeling of weakness or tiredness					
Pain or aches in the joints					
Stiffness or limited movement					
Mind					
Slurred speech					
Poor Memory					
Confusion/Poor Comprehension					
Poor Concentration					
Difficulty making decisions					
Learning difficulties					
Poor physical coordination					
Nose					
Stuffy Nose					
Hay Fever					
Excessive mucus					
Sneezing attacks					
Sinus problems					

Pre Cleanse Test

	0	1	2	3	4
Weight Loss					
Binge eating/drinking					
craving certain foods					
Underweight					
Compulsive Eating					
Excessive Weight					
Water retention					
Lungs					
Chest Congestion					
Asthma, bronchitis					
Shortness of breath					
Difficulty breathing					
Mouth/Throat					
Chronic Coughing					
Gagging, needing to clear throat					
Cold Sores					
Swollen or discoloured tongue, gum and lips					
Sore throat, hoarse, loss of voice					
Skin					
Acne					
Excessive sweating					
Flushing or hot flushes					
Hair Loss					
Hives, rashes or dry skin					

Pre Cleanse Test

	0	1	2	3	4
Heart					
Irregular or skipped heart beat					
Rapid or pounding heartbeat					
Chest pain					
Emotions					
Mood Swings					
Extended periods of stress					
Depression					
Anxiety, fear or nervousness					
Irrational reactions to situations					
Eyes					
Watery or Itchy					
Swollen, reddish or sticky eyelids					
Blurred vision					
Bags or dark circles under eyes					
Other					
Frequent illness					
Frequent or urgent need to urinate					
TOTAL					
	TOTAL				

- 0 - Never or almost never have a symptom
- 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

- Result of Test**
- Optimal health - Less than 10
 - Mild Toxicity - 10 -50
 - Moderate Toxicity - 51- 100
 - Severe Toxicity - Over 100

This tool was developed from Dr Mark Hyman