

Should You Join the Clean Eating Program?

Name: _____ Date: _____

Do you consistently struggle with these symptoms?

Answer Yes or No. A 'maybe' is a Yes.

Symptoms	yes	no
1. Energy Levels		
2. Sugar and carb cravings		
3. Sleep quality		
4. Bowel movement regularity		
5. Mood		
6. Productivity		
7. Clarity of thought		
8. Hunger		
9. Motivation		
10. Skin-acne, rashes, rosacea, psoriasis		
11. Gas, bloating, IBS		
12. Sensitivity to smell		
13. Joint pain		
14. Headaches		
15. Difficulty losing weight		
16. Weight gain around the mid-line		
Add up number of yes and no answers.		

Even one symptom is enough reason for you to choose to join me for the Fall Clean Eating Program but chances are you are experiencing multiple things on this list. The more things you said yes to, the greater chance changing your diet will help improve many of them. It may not solve all you problems but if even one disappeared for good wouldn't that be great!

Find Your Detoxification Ability Score- How well you will handle the possible detox symptoms that may accompany a clean and toxic free eating regimen.

Please circle the appropriate response and add up your total DETOXIFICATION ABILITY score.

1. Bowel Movements

- a. 1 daily, 4 or less days per week
- b. 1 daily, at least 5 days a week
- c. 1-2 a day

2. Sweating

- a. Consistently sweat 1 or less times a week
- b. Consistently sweat 2-3 times a week through exercise and/or sauna
- c. Consistently sweat 4 or more days a week through exercise and/or sauna

3. Water Intake

- a. I don't drink water and/or I consume caffeinated beverages daily
- b. 4-7 glasses of pure spring water daily and 1-2 servings of caffeinated beverages daily
- c. 8 or more glasses of pure spring water per day and no more than 1 serving of caffeinated beverages daily.

4. Fiber intake

- a. Less than 10 grams per day (if you have no idea and you eat a diet high in processed, refined foods choose this)
- b. 10-24 grams per day
- c. 25 grams or more per day

5. Digestion (gas, bloating, indigestion)

- a. Experience gas/bloating daily
- b. Experience gas/bloating 3/5 times a week
- c. Infrequently experience gas/bloating/indigestion – less than once a week

6. Non-starchy vegetables, especially dark green and bright colored ones

- a. Less than 2 servings daily
- b. 2 or more servings daily
- c. 5 or more servings daily

7. Exercise

- a. Don't exercise
- b. 1-2 times per week
- c. 3 or more times per week

8. Sulfur rich foods (e.g. cabbage, broccoli, sprouts, eggs, onions)

- a. 2 or less servings per week
- b. 3-4 servings a week
- c. 1 or more servings daily, 5 or more days per week

9. Supplements (vitamins, minerals, antioxidants)

- a. None
- b. Daily use of a drugstore or grocery “one a day” type formula
- c. Daily use of professional brand multivitamin

10. Probiotic Rich Foods & Supplements

- a. None
- b. Daily use of yogurt, infrequent use of probiotic supplement
- c. Daily use of naturally fermented foods and/or probiotic supplement

A = 1 point = poor

B = 2 points = average

C = 3 points = great

A		X 1 =	
B		X 2 =	
C		X 3 =	
Total Detoxification Ability Score			

The goal is to get as close to 30 as possible and to improve any areas in which you scored a 1.

This program will help you experience a diet that keeps you at a 30 all the time!

After you are done you will be that much closer to enjoying all the benefits that eating clean has to offer!

Are you ready to eat clean yet? Or...Do you want to continue and find out how toxic you are?

Toxic Load Test

1. Alcohol
 - a. 1 or less drinks per week
 - b. 2-4 drinks per week
 - c. 5+ drinks per week

2. Caffeine
 - a. None
 - b. 1-2 caffeinated drinks daily
 - c. 3+ servings daily

3. Chemicals
 - a. Live in a non-toxic living and work environment & don't travel much or use dry cleaning
 - b. Use organic cleansers/cleaning services & spend time where non-toxic sprays are used (parks, beaches, etc)
 - c. Home and work place use non-organic cleaners

4. Food
 - a. Eat organic 90% of the time
 - b. Eat organic 50% of the time
 - c. Don't eat much organic food or none

5. Sugar, processed foods 7 artificial sweeteners/colorings

- a. I don't eat anything with added sugar, artificial sweeteners or colors or processed foods
- b. I eat some things with sugar, etc
- c. I eat foods with added sugar, etc. 5+ times a week or more

6. Cooking

- a. I only use non-toxic glass, metal, non-stick or "safe" plastic containers (BPH free) and cooking tools
- b. I cook with non-stick pans (Teflon) or drink from plastic bottles a few times a week
- c. I cook with non-stick pans and/or drink from plastic bottles daily

7. Smoking

- a. I don't smoke & I'm not around second hand smoke
- b. I'm sometimes around second hand smoke or smoke infrequently
- c. I smoke or live with a daily smoker, or work in a smoky environment

8. Silver Fillings

- a. I have no silver fillings
- b. I have 3 or less silver fillings, or have had them removed by a specially trained dentist
- c. I have 4+ silver fillings

9. Emotional

- a. I am easily able to express and handle my feelings and emotions
- b. I sometimes have a hard time managing my emotions
- c. I rarely/never share or release my emotions and feelings and keep them to myself

10. Work

- a. I work in an environment that is nurturing, in a field/career that I am passionate about, and with people I get along with
- b. I usually enjoy what I do, I am indifferent about the field/career I am in, and I get along with some of the people I work with
- c. I dread going to work everyday, and/or I do not get along with the people I work with, and/or I do not enjoy the field/career I am currently in

A = 1 point = low

B = 2 points = lower

C = 3 points = high

A		X 1 =	
B		X 2 =	
C		X 3 =	
Total Toxicity Score			

A total toxicity score of 26-30 is very high and immediate action is recommended.

So what did you score? Maybe you did great but would really like to experience an all whole foods clean eating experience with a group of like-minded people. Great!! I would love to have you and even have a level for you to crank it up a notch and go all raw or juice for a few days!

Maybe you aren't all that impressed with your results and would really like to jump on board. Then all you need to do is sign up and start your journey.

If you have more questions please don't hesitate. Contact me at jo@jcoburn.com and get your answers!

What are your top 3 Clean Eating Goals:

1.

2.

3.

What are your top 3 Health Concerns:

1.

2.

3.