

Personal Analysis Sheet

Name _____ Date _____

Street Address _____

City _____ Province/State _____ Post Code _____

How many 1 cup servings of the following do you drink each day?

- Coffee _____ Regular Decaf What do you put in your tea / coffee? _____
- Tea _____ Regular Herbal
- Soft Drink _____ Regular Diet
- Energy / Sports Drink _____ Regular Diet
- Water _____ Tap Bottled Filtered
- Alcohol _____ Beer Wine Spirits Mix
- Juices _____ What kinds? _____

Give a brief description of a typical day of eating for you.

Breakfast	Morning Snack	Lunch	Afternoon Snack	Dinner	Evening Snack

Do you have any food allergies? Yes No If yes, what kind? _____

How many times a week do you eat fast food? _____ Processed foods? _____

Do you tend to have cravings? Yes No What do you crave? _____ a.m. _____ p.m.

Are you on any prescription medications? Yes No

Are you currently under a Doctor's care for any medical conditions? Yes No

How many bowel movements do you have a day? _____ Per week? _____

What other nutritional programs or diets have you tried? _____

Have you tried cleansing before? Yes No What was the program? _____

What nutritional supplements do you currently take? _____

Do you currently exercise? Yes No If yes, what type and frequency? _____

On a scale of 1 to 10 (with 10 being the best), how would you rate:

Your overall health? _____ Where would you LIKE it to be? _____

Your overall energy? _____ Where would you LIKE it to be? _____

Your level of stress? _____ Where would you LIKE it to be? _____

Your finances? _____ Where would you LIKE it to be? _____

Goal Review

Add a goal _____

On a scale of 1 to 10, how important is it for you to reach your goals? _____

How would you best describe your willingness to be coached / guided to attain these goals?

High Medium Low

I am 100% committed to your success. How can I best support you as a cleanse coach?

You may experience some differences in your body while undergoing the cleanse.

Do you commit to staying in touch with your cleanse coach? Yes No