

# My Personal Analysis

My personal Cleansing Coach is \_\_\_\_\_

I know that my Cleansing Coach will offer support, encourage me and provide advice on how to fulfill my goals.

I will contact my Cleansing Coach regularly to report my progress.

1. How would I rate my current health?

- Excellent     Good     Fair     Poor

2. I am currently on prescription medications or under medical supervision.

- Yes     No

3. I am currently experiencing the following symptoms:

- constipation     fatigue     other  
 high cholesterol     headaches  
 mood swings     high or low blood sugar  
 pain     high or low blood pressure

4. How often do I consume the following per week?

AMOUNT	NEVER	RARELY	SOMETIMES	ALWAYS
Cigarette Smoke				
Caffeine				
Alcohol				
Refined Sugar				