

ELIMINATION PHASE WORKSHEET

DAILY CHECKLIST

Directions: Choose the current level of Elimination Phase you are currently in and check all the boxes you accomplished in that level today. Additionally, check off any additional diet actions you took today. Lastly, take a moment to consider how you feel by rating yourself in the six categories below. If you choose to log your Diet Worksheet today, take a picture after completing it and post it when you log. (type an "x" into the box of all completed items)

Level 1 Elimination

- No grains, no sugar
- All healthy oils
- No artificial sweeteners
- No alcohol

Level 2 Elimination

- No grains, no sugar
- All healthy oils
- No artificial sweeteners
- No alcohol
- No beans or legumes
- No dairy
- No nuts

Level 3 Elimination

- No grains, no sugar
- All healthy oils
- No artificial sweeteners
- No alcohol
- No beans or legumes
- No dairy
- No nuts
- No soy
- No cold cuts or cured meats
- No eggs (4 days only)
- No additives or preservatives
- No shellfish

Other Diet Actions

- Drank 72+ ounces water
- Cleansing drink X ___
- Cranberry drink
- Fiber supplement
- Magnesium supplement
- 12 to 16-hour fast

Rate How You Feel:

In comparison to how you felt before starting elimination, rate these areas from -5 to +5 with "0" being your norm. Use minus 1-5 if you feel worse and plus 1-5 if you feel better.

My energy level: _____ My sleep: _____ My mental clarity: _____
My digestion: _____ My cravings: _____ My aches and pains: _____