

28-DAY CLEANSE

HAPPY GUT

GUT C.A.R.E.™
by Dr. Vincent Pedre

Diet / Symptom Journal Instructions

NAME _____

You will be measuring your weight and waist circumference once a week, starting with the first day of the 28 day GUT C.A.R.E.™ Program. Before you begin recording any measurements, let's go over how to take your weight and waist measurements to ensure consistency in the results.

HOW TO MEASURE YOUR WEIGHT

You should measure your weight first thing in the morning with no clothes on. A digital scale will be the most accurate, and you should use the same scale for each weekly measurement for the duration of the program. Don't measure your weight daily, as it may fluctuate up and down, and will only add to your anxiety. The big picture and final result are what is important here.

HOW TO MEASURE YOUR WAIST CIRCUMFERENCE

This is not the same as the waist size of clothes you wear, which is measured lower. Find the soft spot on each side of your mid-body in between your lower rib and the top of your pelvic bone. This soft spot roughly correlates with the location of the belly button, but may be an inch above for some people. Measure your waist circumference (in inches or centimeters) at this level without sucking in your abdomen (keep it relaxed). This soft spot represents metabolically active fat - the type that causes inflammation and insulin resistance, leading to the vicious cycle of weight gain and more fat deposition. You should measure your waist every morning at the same time as you do your weight.

It is important to keep track of your waist circumference and consistently measure it at the same spot, because some weeks will seem slower in terms of weight loss, but actually show progress with a reduction in waist size as

you become less bloated and lose stubborn fat from your middle section. Since fat occupies more space, but is light compared to muscle and water weight, you may see more movement in your waist circumference than on the scale on some weeks.

To be even more complete in your measurement tracking, you can also keep a log of your bicep circumference (midway between your elbows and shoulders), and thigh circumference (midway between your knees and your hips). These measurements will help you keep track of fat loss from these areas as well. You may see losses alternate between the scale and the waist, arms, and thighs.

RECORD YOUR MEASUREMENTS HERE

	DATE	WEIGHT	WAIST CIRCUMFERENCE
DAY 1	_____	_____	_____
DAY 7	_____	_____	_____
DAY 14	_____	_____	_____
DAY 21	_____	_____	_____
DAY 28	_____	_____	_____

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28-Day Happy Gut Diet / Symptom Journal

EXPRESS GRATITUDE

WHAT ARE YOU GRATEFUL FOR?

For the 28-day program, every day begins with a gratitude. If you cannot think of a gratitude for a particular day, then use this space to write down a positive affirmation. They serve the same purpose of setting the intention for the day. An example of a positive affirmation is: "I grow in love and abundance every day."

28-DAY HAPPY GUT DIET & SYMPTOM JOURNAL

DAY 1

DATE: _____

Breakfast
Smoothie:

SYMPTOMS:

Lunch:

Snack:

Dinner:

Snack:

GRATITUDE: _____

DAY 2

DATE: _____

Breakfast
Smoothie:

SYMPTOMS:

Lunch:

Snack:

Dinner:

Snack:

GRATITUDE: _____

DAY 3

DATE: _____

Breakfast
Smoothie:

SYMPTOMS:

Lunch:

Snack:

Dinner:

Snack:

GRATITUDE: _____

DAY 4

DATE: _____

Breakfast
Smoothie:

SYMPTOMS:

Lunch:

Snack:

Dinner:

Snack:

GRATITUDE: _____

DAY 5

DATE: _____

Breakfast
Smoothie:

SYMPTOMS:

Lunch:

Snack:

Dinner:

Snack:

GRATITUDE: _____

DAY 6

DATE: _____

Breakfast
Smoothie:

SYMPTOMS:

Lunch:

Snack:

Dinner:

Snack:

GRATITUDE: _____

DAY 7

DATE: _____

Breakfast
Smoothie:

SYMPTOMS:

Lunch:

Snack:

Dinner:

Snack:

GRATITUDE: _____

DAY 8

DATE: _____

Breakfast
Smoothie:

SYMPTOMS:

Lunch:

Snack:

Dinner:

Snack:

GRATITUDE: _____

DAY 9

DATE: _____

Breakfast
Smoothie:

SYMPTOMS:

Lunch:

Snack:

Dinner:

Snack:

GRATITUDE: _____

DAY 10

DATE: _____

Breakfast
Smoothie:

SYMPTOMS:

Lunch:

Snack:

Dinner:

Snack:

GRATITUDE: _____

DAY 11

DATE: _____

Breakfast
Smoothie:

SYMPTOMS:

Lunch:

Snack:

Dinner:

Snack:

GRATITUDE: _____

DAY 12

DATE: _____

Breakfast
Smoothie:

SYMPTOMS:

Lunch:

Snack:

Dinner:

Snack:

GRATITUDE: _____

DAY 13

DATE: _____

Breakfast
Smoothie:

SYMPTOMS:

Lunch:

Snack:

Dinner:

Snack:

GRATITUDE: _____

DAY 14

DATE: _____

Breakfast
Smoothie:

SYMPTOMS:

Lunch:

Snack:

Dinner:

Snack:

GRATITUDE: _____

DAY 15

DATE: _____

Breakfast
Smoothie:

SYMPTOMS:

Lunch:

Snack:

Dinner:

Snack:

GRATITUDE: _____

DAY 16

DATE: _____

Breakfast
Smoothie:

SYMPTOMS:

Lunch:

Snack:

Dinner:

Snack:

GRATITUDE: _____

DAY 17

DATE: _____

Breakfast
Smoothie:

SYMPTOMS:

Lunch:

Snack:

Dinner:

Snack:

GRATITUDE: _____

DAY 18

DATE: _____

Breakfast
Smoothie:

SYMPTOMS:

Lunch:

Snack:

Dinner:

Snack:

GRATITUDE: _____

DAY 19

DATE: _____

Breakfast
Smoothie:

SYMPTOMS:

Lunch:

Snack:

Dinner:

Snack:

GRATITUDE: _____

DAY 20

DATE: _____

Breakfast
Smoothie:

SYMPTOMS:

Lunch:

Snack:

Dinner:

Snack:

GRATITUDE: _____

DAY 21

DATE: _____

Breakfast
Smoothie:

SYMPTOMS:

Lunch:

Snack:

Dinner:

Snack:

GRATITUDE: _____

DAY 22

DATE: _____

Breakfast
Smoothie:

SYMPTOMS:

Lunch:

Snack:

Dinner:

Snack:

GRATITUDE: _____

DAY 23

DATE: _____

Breakfast
Smoothie:

SYMPTOMS:

Lunch:

Snack:

Dinner:

Snack:

GRATITUDE: _____

DAY 24

DATE: _____

Breakfast
Smoothie:

SYMPTOMS:

Lunch:

Snack:

Dinner:

Snack:

GRATITUDE: _____

DAY 25

DATE: _____

Breakfast
Smoothie:

SYMPTOMS:

Lunch:

Snack:

Dinner:

Snack:

GRATITUDE: _____

DAY 26

DATE: _____

Breakfast
Smoothie:

SYMPTOMS:

Lunch:

Snack:

Dinner:

Snack:

GRATITUDE: _____

DAY 27

DATE: _____

Breakfast
Smoothie:

SYMPTOMS:

Lunch:

Snack:

Dinner:

Snack:

GRATITUDE: _____

DAY 28

DATE: _____

Breakfast
Smoothie:

SYMPTOMS:

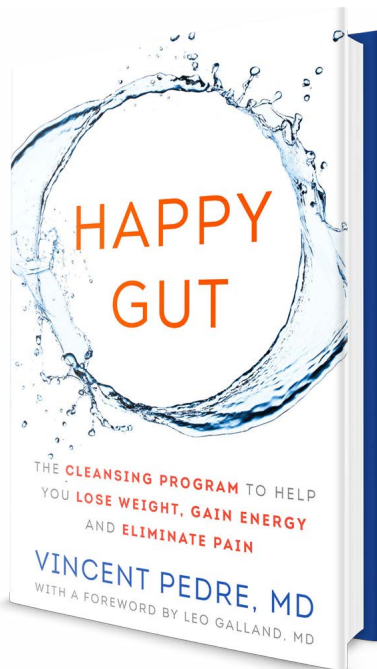
Lunch:

Snack:

Dinner:

Snack:

GRATITUDE:



CONGRATS! YOU MADE IT!

**NOW TAKE 5 MINUTES TO COMPLETE
YOUR POST-PROGRAM MSQ**

Post-Program Medical Symptoms Questionnaire

RATE EACH OF THE FOLLOWING SYMPTOMS BASED UPON HOW YOU FEEL AT THE END OF THE **GUT C.A.R.E.™** PROGRAM AND HAPPY GUT DIET:

POINT SCALE

- 0** - Never or almost never have the symptom
- 1** - Occasionally have it, symptom is not severe
- 3** - Occasionally have it, symptom is severe
- 5** - Frequently have it, symptom is not severe
- 7** - Frequently have it, symptom is severe

HEAD

- _____ Headaches
- _____ Faintness
- _____ Dizziness
- _____ Insomnia

	TOTAL
--	--------------

EYES

- _____ Watery or itchy eyes
- _____ Swollen, reddened or sticky eyelids
- _____ Bags or dark circles under eyes
- _____ Blurred or tunnel vision
(does not include near or far-sightedness)

	TOTAL
--	--------------

EARS

- _____ Itchy ears
- _____ Earaches, ear infections
- _____ Drainage from ear
- _____ Ringing in ears

	TOTAL
--	--------------

NOSE

- _____ Stuffy nose
- _____ Sinus problems
- _____ Hay Fever
- _____ Sneezing attacks
- _____ Excessive mucus formation

	TOTAL
--	--------------

**MOUTH /
THROAT**

- _____ Chronic coughing
- _____ Frequent need to clear throat
- _____ Sore throat, hoarseness, loss of voice
- _____ Swollen or discolored tongue, gums, lips
- _____ White coating on tongue
- _____ Canker sores

	TOTAL
--	--------------

SKIN

- _____ Acne
- _____ Hives, rashes, dry skin
- _____ Hair loss
- _____ Flushing, hot flashes
- _____ Excessive sweating

	TOTAL
--	--------------

HEART

- _____ Irregular or skipped heartbeat
- _____ Rapid or pounding heartbeat
- _____ Chest pain

	TOTAL
--	--------------

LUNGS

- _____ Chest congestion
- _____ Asthma, bronchitis
- _____ Shortness of breath
- _____ Difficulty breathing

	TOTAL
--	--------------

**DIGESTIVE
TRACT**

- Nausea, vomiting
- Diarrhea
- Constipation
- Bloating feeling
- Excessive belching, passing gas
- Heartburn
- Intestinal / stomach pain

	TOTAL
--	--------------

**JOINTS /
MUSCLE**

- Pain or aches in joints
- Arthritis
- Stiffness or limitation of movement
- Pain or aches in muscles
- Feeling of weakness or tiredness

	TOTAL
--	--------------

WEIGHT

- Binge eating / drinking
- Craving certain foods
- Excessive weight gain
- Compulsive eating
- Water retention
- Underweight

	TOTAL
--	--------------

**ENERGY /
ACTIVITY**

- _____ Fatigue, sluggishness
- _____ Apathy, lethargy
- _____ Hyperactivity
- _____ Restlessness

	TOTAL
--	--------------

MIND

- _____ Poor memory
- _____ Confusion, poor comprehension
- _____ Mental fog
- _____ Poor concentration
- _____ Poor physical coordination
- _____ Difficulty in making decisions
- _____ Word-finding difficulties
- _____ Learning disabilities

	TOTAL
--	--------------

EMOTIONS

- _____ Mood swings
- _____ Anxiety, fear, nervousness
- _____ Anger, irritability, aggressiveness
- _____ Depression

	TOTAL
--	--------------

OTHER

- _____ Frequent illness
- _____ Frequent or urgent urination
- _____ Genital itch or discharge
- _____ Medications

	TOTAL
--	--------------

GRAND TOTAL

	TOTAL
--	--------------

HOW DOES YOUR SCORE AT THE END OF THE PROGRAM COMPARE TO YOUR PRE-PROGRAM SCORE?*

***NOTE**

Each individual score can help you compare in which part of your body or which systems you have the most problems. The total score is meant to be used as a baseline for comparison with your score at the end of the program. Each of these scores can help you see where the most change happened, what areas you still need to work on, and how much you improved between the beginning and end of the Gut C.A.R.E.™ Program.