

28-DAY REVIEW

Milk Intolerance Score	.....	SAFE	MILDLY INTOLERANT	INTOLERANT
Red Meat Intolerance Score	.....	SAFE	MILDLY INTOLERANT	INTOLERANT
Nightshade Intolerance Score	.....	SAFE	MILDLY INTOLERANT	INTOLERANT
Gassy Veg Intolerance Score	.....	SAFE	MILDLY INTOLERANT	INTOLERANT
Wheat Intolerance Score	.....	SAFE	MILDLY INTOLERANT	INTOLERANT

If you think back to before you started the plan, what is the biggest change you notice between then and now?

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Is there a difference between your Initial Gut-Health Assessment and how you assess your gut health now?

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What were your three biggest successes?

- 1
- 2
- 3

Review your food-trigger intolerances and assess your progress. Did you notice any improvements? If you had any setbacks, how will you tackle them?

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What was the biggest lesson you learned about your own personal gut health?

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What do you feel grateful for?

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