

Autonomic Recovery and Implementation Assessment



Name _____ DOB _____ Date _____

This Compliance Assessment form is designed to support you in developing habits and practices that support your healing and ongoing well being. This form is tailored to those of Western European heritage and may need to be customized for you if you have a different lineage.

Answer the questions honestly. Circle a number for each statement with "0" representing **completely false** and "10" **completely true**. The first two questions apply to clinical progress. Do not include those totals with the questions that follow. If a question does not apply, place an "X" on the number 10 and count it as a 10 in your calculations. Starred (*) questions apply only to those who have passed their Challenge Meal. Upon completion, calculate totals and write in the provided locations.

NOTE: We recognize that some individuals may not consider the following guidelines as "politically correct" nutrition. Rest assured, however, that they have been drawn from traditional practices and utilized, with great success, by experienced TBM providers for decades. Please discuss any considerations you have with your TBM provider.

Since my last TBM appointment...

SLEEP...I have fallen asleep within 15 minutes and woken up 7-9 hours later, in the same position, feeling refreshed.

0 ----- 1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10

BOWEL MOVEMENTS...I had a properly formed (one continuous stool, tapered both ends, caramel color, no invaginations, no visible food particles) bowel movement, that did not require straining, following each meal.

0 ----- 1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10

AUTONOMIC RECOVERY TOTAL _____/20

WATER...I drank no less than 2/3 of an ounce of water per pound of my body weight (43.5mL/Kg) and no more than 32 ounces (1L) above that each day.

0 ----- 1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10

BLUE BEEF...I have eaten a beef steak prepared "blue" or steak tartare at least once per week.

0 ----- 1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10

LIVER...I have eaten beef liver at least once per week.

0 ----- 1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10

OFFAL...I have eaten offal (e.g. heart, kidney, sweet bread, tendon, marrow) at least once every other week.

0 ----- 1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10

LIQUID FOOD...Excepting soups and red wine, I have avoided all liquid foods (milks of all kinds, juices, nutritional shakes, smoothies), unless otherwise directed. When otherwise directed, I am sipping and thoroughly mixing with saliva before swallowing.

0 ----- 1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10

IMPLEMENTATION TOTAL 1 _____/50

Name _____ DOB _____ Date _____

CHEWING...I have chewed all food consumed to the point of liquid before swallowing.

0 ----- 1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10

SWEETENERS...I have avoided all sweeteners other than cane sugar and organic corn syrup.

0 ----- 1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10

SUPPLEMENTS...I have taken all of my supplements as advised (includes Autonomic Recovery Meal, if directed).

0 ----- 1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10

DISINFECT...I have applied to my skin or douched with a disinfectant, as recommended by my TBM provider.

0 ----- 1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10

DAIRY...I have consumed dairy products (e.g. cheese, yogurt, kefir, butter, cream) on a daily basis.

0 ----- 1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10

OMNIVORE...I have not avoided any food categories (e.g. gluten containing grains, dairy, animal products) that I have not been recommended to avoid by my TBM provider.

0 ----- 1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10

SALT...I have conscientiously salted to taste.

0 ----- 1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10

PRE-CHALLENGE MEAL...I have fully complied with the dietary guidelines of the Autonomic Recovery Program (ARP).

0 ----- 1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10

POST-CHALLENGE MEAL...I have carefully listened to, and complied with, my body while I have expanded my food choices beyond those allowed in the ARP.

0 ----- 1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10

GRAINS, LEGUMES*... I have only consumed grains and legumes that have been germinated (sprouted) and/or fermented AND cooked, excepting "al dente" (firm center) pasta and rice which has been dry or oil cooked prior to water cooking.

0 ----- 1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10

RED WINE*...I have consumed some red wine at least once per week.

0 ----- 1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10

INSOLUABLE FIBER...I have consumed food stuffs that contained insoluble fiber (e.g. greens, veggies, fruit, whole grains, legumes) with each meal.

0 ----- 1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10

BOWEL HABITS...Within 30 minutes of finishing a meal I have taken up to 10 minutes on the toilet, if necessary, to allow my body to have a bowel movement.

0 ----- 1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10

IMPLEMENTATION TOTAL 2 _____/130

Name _____ DOB _____ Date _____

TREATS/DESSERTS*...I have allowed myself to enjoy high-quality desserts and other treats in a way that respects my body's limits.

0 ----- 1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10

PHYSICAL ACTIVITY...I have averaged an hour or more of physical activity a day.

0 ----- 1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10

ISOLATION BANDS...I have worn violet Isolation Bands as directed by my provider.

0 ----- 1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10

PROTECTION...I have practiced Protection a minimum of each morning and each evening.

0 ----- 1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10

CIRCADIAN...I have retired to bed and arisen from bed at the same time each day.

0 ----- 1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10

SLEEP HYGIENE...I have slept in a quiet, completely dark room, with no operating electronics within 5 feet.

0 ----- 1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10

MOBILE DEVICE...Other than in my hand, I have not placed any mobile device (e.g. smartphone) against my body, my head or in my pocket, while the device is turned on (excepting "airplane" mode).

0 ----- 1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10

POSTURE...I have maintained an ongoing level of conscientiousness regarding the guidance I've been given about optimal posture throughout my daily activities.

0 ----- 1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10

CORE TRUTH INFUSION...I have infused my "Spark of Life" with my Core Truth during each Protection practice.

0 ----- 1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10

CORE TRUTH REPATTERNING...I have conscientiously engaged in the practices, language and behaviors, recommended to me by my provider, that support repatterning of my life around my Core Truth.

0 ----- 1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10

IMPLEMENTATION TOTAL 3 _____/100

IMPLEMENTATION GRAND TOTAL _____/280

The **symptoms, questions** and **concerns** that are of highest priority to me today are:
