August 7, 2005

Dear ,

Thank you for participating in this sixty-six day repeatability study. It means a lot to me.

I will deliberately not be explaining much about this study so as not to influence the test results in any way. Suffice to say, I’ll be looking to see if your experiences are similar to mine. I will, however, be available to answer any logistical questions you may have about this program prior to you beginning it and, if you wish, I’ll be happy to discuss next steps, etc., upon your completion of it.

My suggestion is that you keep your own personal journal throughout this study.

Thank you once more for participating.

In appreciation,

Valerie

**REPEATABILITY STUDY**

By Valerie Simons

Towards completion and submission of a Practical Treatise

as required for the Doctor of Spiritual Science degree

from

Peace Theological Seminary and College of Philosophy

Los Angeles, CA.**STATEMENT OF RESPONSIBILITY** (Disclaimer

I, Valerie Simons, declare that I am not a medical practitioner of any kind and have no qualifications or formal training in the area of diet or nutrition. This study, which includes my personal food program, is intended for educational purposes only and does ***not*** require you to discontinue any prescriptive medications. You might consider checking with your doctor before starting any of the food programs listed in this study.

**STUDY INSTRUCTIONS**

**Before Starting**

1) Make sure you have a print out of my food program & stock up with the necessary food items.

2) Please fill out the questionnaire the day before you begin the 10 week program. Please take as much time as you need to really consider each question as carefully and honestly as possible before answering. Be as open and revealing as you can as this will benefit you as well as the study.

**REQUIRED DAILY TRACKING ACTIVITIES**

**Upon Waking**

1) Set a clear ***intention*** at the beginning of each day with regard to working your food program. This may also be in the form of a prayer to self or God. Really ***feel*** and connect with what you are saying from a deep level ***inside*** of you.

**During the Day**

2) ***Bless all your food***. You can do this any way you wish with the main focus being on gratitude and loving sincerity. Be very present with the words you use. Really ***feel*** and connect with what you are saying.

3) ***Conscious Eating***. Be really present with yourself while eating. Keep your awareness on every bite. Watch the food as you put it into your mouth. Taste it, feel it, smell it. Get all the senses working and really ***listen*** to your body as you eat. Be at one with yourself and your food. This would mean no watching T.V., reading, talking (if you can’t keep your focus while chatting) or other distractions while eating. The key here is to focus on moving your conscious awareness ***into*** your body and ***Listening*** ***from inside.*** This listening technique can be used throughout the day also.

4) “***God bless you, I love you, peace be still***”. Use this phrase silently (with a deep sense of feeling, passion, compassion, loving) any time you feel emotional disturbance. Really ***mean*** it. Say it from the core of your being - the deepest place ***inside*** of yourself. You can say it to yourself or to others. You can also use it for situations and circumstances. I.e. if you feel hurt, say it to your hurt. If you feel angry, say it to your anger. Say it to your body, food, aches and pains, etc.

**At the End of the Day**

5) Fill out the required daily tracking journal.

**At the End of Each Week**

6) Send me your completed tracking journals. Make and keep a copy for yourself.

**At the End of the Sixty-sixth Day**

7) Please fill out a copy of the questionnaire sheet once more. It will be most beneficial to fill it out on the very last day while it is fresh in your mind. Please pay close attention to how you answered question #1 at the beginning of the study. Thank you for this.

8) Please create a summary in your own words of how you perceived this study has or hasn’t worked for you including 1) the before and after questionnaire, 2) the food program, 3) setting an intention, 4) blessing your food, 5) conscious eating, 6) the God bless you, I love you, peace be still phrase, 7) if you consulted any particular sources of information, what did you consult and how often? Was it central to your process of supporting yourself?

**Upon Completion of the Study**

9) I’d appreciate being able to call you, if necessary, for a brief post questionnaire interview.

**Study Support**

You might find it helpful to keep your own journal during this study.

Bless you for participating. Enjoy your sixty-six day journey.  **QUESTIONNAIRE**

 *……. (To be completed before you start the 66 day program and once again*

*…….. at the end of the 66 days)*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Profession: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Body weight \_\_\_\_\_\_\_\_\_\_\_\_ Height \_\_\_\_\_\_\_\_\_\_\_\_\_

Body measurements: Neck \_\_\_\_\_\_ Bust \_\_\_\_\_\_Waist \_\_\_\_\_\_ Hips \_\_\_\_\_\_

 Upper Arm \_\_\_\_\_\_ Upper Thigh \_\_\_\_\_\_ Other \_\_\_\_\_\_

1) Do you have any health issues/aches or pains? If so please list ***everything***, even the most trivial. (Examples: infrequent or incomplete bowel movements, any swelling of fingers, feet, eyes, stomach, headaches, burning sensations, sweating, discomfort after eating, indigestion, skin blemishes, thinning hair, etc.). Please be very thorough.

2) How would you rate your overall physical health and wellbeing?

 0 1 2 3 4 5 6 7 8 9 10

3) How would you rate your overall emotional health and wellbeing?

0 1 2 3 4 5 6 7 8 9 10

4) How would you rate your overall energy levels?

 0 1 2 3 4 5 6 7 8 9 10

5) Please give an example of what you typically eat, plus quantity, on an average day.

6) Has your intuition been directing you to a particular eating plan and do you get results when you follow it? **QUESTIONNAIRE** (Continued)

7) If you’ve ***not*** been following your intuitive guidance about a particular eating plan, what do you think gets in the way of you doing so?

8) Are you experiencing food addictions/cravings? Yes No If Yes,

 0 1 2 3 4 5 6 7 8 9 10

9) Do you Over-eat? Under-eat? Eat normally? (Circle one)

 0 1 2 3 4 5 6 7 8 9 10

10) Are you happy with your present weight?

 0 1 2 3 4 5 6 7 8 9 10

11) Are there certain things in life that you won’t do, participate in or aspire to because of your weight? Yes No Are you using your weight as an excuse? Yes No

 If yes to either of these, please list them no matter how insignificant they may seem:

12) How would you rate your level of self-confidence?

 0 1 2 3 4 5 6 7 8 9 10

13) How would you rate your level of optimism and enthusiasm?

 0 1 2 3 4 5 6 7 8 9 10

14) How in touch are you with your feelings?

 0 1 2 3 4 5 6 7 8 9 10

15) How would you rate your level of intuitiveness?

 0 1 2 3 4 5 6 7 8 9 10

16) How would you rate your level of self-appreciation and self-loving?

 0 1 2 3 4 5 6 7 8 9 10

**REQUIRED DAILY TRACKING JOURNAL**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Month/Day/Year

1) Did you set a clear intention with regard to your food program today? Yes No

2) How would you rate your overall physical health and wellbeing?

 0 1 2 3 4 5 6 7 8 9 10

3) How would you rate your overall emotional health and wellbeing?

0 1 2 3 4 5 6 7 8 9 10

4) How would you rate your overall energy levels today?

 0 1 2 3 4 5 6 7 8 9 10

5) Did you totally adhere to the food program today? Yes No. If not, please list what else you ate and the reason you think or feel you ate it.

6) Were you craving any particular foods? Yes No. If so, which ones?

7) Did you: over-eat? under-eat? eat normally? (Circle one)

 0 1 2 3 4 5 6 7 8 9 10

8) Did you practice conscious eating with at least one meal today? Yes No

 If with more than one meal or snack, how often? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, please briefly describe your experiences.

9) How would you rate your level of self-confidence today?

 0 1 2 3 4 5 6 7 8 9 10

10) How would you rate your level of optimism and enthusiasm today?

 0 1 2 3 4 5 6 7 8 9 10

11) How would you rate your level of intuitiveness today?

 0 1 2 3 4 5 6 7 8 9 10

12) Did you intuit any information or guidance while practicing conscious eating, listening, feeling, being present, blessing your food or saying God Bless you, I love you, peace be still? Yes No

13) If you intuited guidance related to food or health, did you act on it? Example, stop eating when you’d had enough, being guided to eat a certain food, etc. Yes No

14) Did you bless your food (with gratitude) today? Totally Partly Not at all

15) Did you bless (God bless you, I love you, peace be still) any disturbances, etc? Yes No

 If yes, please describe your experiences with this.

16) How would you rate your level of self-appreciation and self-loving?

 0 1 2 3 4 5 6 7 8 9 10

17) Please note anything else that was significant to you.

**SIXTY-SIX DAY FOOD PROGRAM**

***Eat as much as you wish of the following:-***

**Fresh Fruits**

All fruits except oranges (unless the oranges are picked straight off the tree).i.e. apples, apricots, bananas, berries, cherries, grapes, kiwi, mango, melon, pears, papaya, plums, watermelon, grapefruit, lemon, pineapple, etc.

**Vegetables**

All except garlic, onion, leaks & chives. i.e. artichoke, asparagus, bell peppers, broccoli, brussels sprout, cabbage, carrots, celery, chard, zucchini, eggplant, fennel, ginger, green beans, kale, okra, potatoes (***with*** their skins only), parsnips, peas, pumpkin, spinach, sweet potato, seaweed, sweet corn, etc.

***Eat a minimum of one serving of dark green leafy vegetables a day.***

***Do not discard any cooking water. Drink it or use it in your dishes.***

**Salads**

***At least one raw salad a day***, i.e. alfalfa & other sprouts, raw carrot & beets, courgettes, lettuce, parsley, radish, bell pepper, spinach, tomatoes, watercress, etc.

**Fresh Herbs**

Parsley, basil, cilantro (coriander), mint, etc. ***(Minimum two sprigs with each*** meal).

**Legumes**

Beans (i.e. adzuki, black eye, butterbeans, mung, pinto), lentils, chickpeas, peas

**Whole Grains**

Buckwheat, millet, oats (in moderation), quinoa, rice. (***No wheat or corn).***

**Fats**

One Avocado a day essential (but no more).

**Beverages**

3 pints minimum of filtered or bottled water a day (taken between meals only). Freshly made vegetable juices (optional but in *addition* to the pound of vegetables a day). Herbal teas in moderation

**Condiments**

Organic, unfiltered cider vinegar, spices, herbs, minimal amounts of sea salt & tamari.

**Avoid Totally**

All meats, fish, milk, cheese, yogurt (+goat), eggs, butter, ***all*** bottled vegetable & olive oils, lard, margarine, mayonnaise, nuts, seeds, soy products (a little Tamari soy sauce only), wheat, corn, barley, rye, sugar, artificial sugars, maple syrup, dried fruit, refined or processed foods of any kind, food additives and coloring, all table salt, tea & coffee (regular or decaffeinated), nutritional supplements except Vitamin D.

♥ Eat ***only*** whole, natural, unprocessed, unrefined foods & ingredients & organic whenever possible.

♥ Eat one pound of whole vegetables a day (can also comprise raw and cooked whole vegetable soups).

♥ Eat one serving each of cooked and raw dark green leafy vegetables.

♥ Eat ***at least*** 3 pieces of raw fruit a day (can be in smoothies). Can add dark leafy greens to smoothie.

♥ Be sure to get***at least*** one large raw salad a day.

♥ Be sure to get some avocado and at least two sprigs of fresh (uncooked) herbs ***with*** each meal.

♥ Avocados are a good base for salad dressings

♥ Eat at least one serving of legumes a day.

♥ Eat as large a variety of plant-based foods as possible.

♥ Consider taking one low dose Vitamin D supplement a day (or get a little daily sun).

♥ Do ***not*** use a microwave oven to cook or heat anything, even water.