The Complete

Real Relief FOUNDATIONS

Workbook

MODULE 1

Introduction

WHAT DO YOU WANT TO GET OUT OF THE REAL RELIEF COURSE?

If you had a magical wand what symptoms would you want to get rid of?

In 3 months time what do you want to feel more of?

QUESTIONS WHICH REVEAL THAT YOU NEED TO OPTIMISE YOUR DIET

	YES	NO
• Do you eat less than 4 servings of vegetables and 2 pieces of fruit per day?	☐	☐
• Do you eat protein at less than 3 meals per day? (eg. meat, chicken, fish, eggs, legumes)	☐	☐
• Do you have strong sugar cravings?	☐	☐
• Do you drink more than 1 cup of coffee or tea per day?	☐	☐
• Do you eat fish less than twice a week?	☐	☐
• Do you eat red meat less than three times a week?	☐	☐
• Do you eat a low fat diet?	☐	☐

QUESTIONS WHICH REVEAL THAT YOU NEED TO ADDRESS FOOD SENSITIVITIES

	YES	NO
• Do you have strong sugar cravings?	☐	☐
• Do you get hangry?	☐	☐
• Does Coeliac disease run in your family?	☐	☐
• Do you have digestive complaints?	☐	☐
• Did you have eczema, asthma, frequent chronic earaches, or colic either as a child (or still as an adult)?	☐	☐
• Do you have bloating, nausea, burping, flatulence, diarrhea or constipation more than twice a week?	☐	☐
• Do you have brainfog, sinusitis or frequent vaginal yeast infections?	☐	☐

Copyright ©2021 Dr Janelle Sinclair
www.drjanellesinclair.com

MODULE 1

Introduction

QUESTIONS WHICH REVEAL THAT YOU NEED TO SUPPORT GUT HEALTH

	YES	NO
• Do you have diarrhea, digestive discomfort, bloating or reflux more than once a week?	☐	☐
• Do you burp or fart on a daily basis?	☐	☐
• Do you have less than 1 bowel motion per day?	☐	☐
• Do you have sinusitis, frequent urinary tract infections (UTI's) or frequent yeast infections?	☐	☐
• Have you ever had to take antibiotics frequently? (i.e. more than 3 times per year)	☐	☐

QUESTIONS WHICH REVEAL THAT YOU NEED TO TREAT NUTRITIONAL DEFICIENCIES

	YES	NO
• Do you eat a vegan or vegetarian diet?	☐	☐
• Do you consume red meat less than three times a week?	☐	☐
• Do you eat fish less than twice per week?	☐	☐
• Do you have dark skin?	☐	☐
• Do you spend most of your time indoors?	☐	☐
• Are you on the oral contraceptive pill?	☐	☐
• Do you have white dots in your fingernails?	☐	☐
• Do you eat little nuts and seeds?	☐	☐
• Are you stress intolerant?	☐	☐
• Is your iron always low or on the low-side?	☐	☐
• Do you eat less than 4 servings of vegetables and 2 pieces of fruit per day?	☐	☐

Copyright ©2021 Dr Janelle Sinclair
www.drjanellesinclair.com

MODULE 1

Introduction

LIST OF BLOOD TESTS TO ORDER

- Iron, ferritin, vitamin B12 & folate
- Homocysteine
- Vitamin D
- Copper
- Zinc
- Coeliac disease

OTHER TESTS OF INTEREST

- Thyroid (TSH, fT4, fT3)
- Cortisol (morning)
- General chem (including sodium & potassium)

*Note: these tests will not be covered in the Real Relief Foundation Course

AIMS FOR MODULE 1

TO DO

- Consider streamlining the number of supplements you are on ☐
- HIGH PRIORITY: Organise blood testing: ☐
  - a list or letter for your doctor is provided for you
- Reduce caffeine intake ☐
- Increase vegetable intake (5+ serves per day) ☐
  - select one or two meals first

INSIGHTS & NOTES FOR MODULE 1

Copyright ©2021 Dr Janelle Sinclair

MODULE 2

Optimise Your Diet

QUESTIONS TO ASK YOURSELF

	YES	NO
• Do you eat less than 4 servings of vegetables and 2 pieces of fruit per day?	☐	☐
• Do you eat protein at less than 3 meals per day? (eg. meat, chicken, fish, eggs, legumes)	☐	☐
• Do you have strong sugar cravings?	☐	☐
• Do you drink more than 1 cup of coffee or tea per day?	☐	☐
• Do you eat fish less than twice a week?	☐	☐
• Do you eat red meat less than three times a week?	☐	☐
• Do you eat a low fat diet?	☐	☐

AIMS FOR MODULE 2

	TO DO
• Reduce caffeine intake	☐
• Increase water intake to 2-3 Litres/day	☐
• Increase vegetable intake at every meal	☐
◦ 5+ serves of vegetables plus 1-2 serves of fruit per day	
• Include protein at every meal	☐
◦ do you need to increase fish or red meat?	☐
• Concentrate on a good breakfast	☐
• Replace the fats & oils you are currently using in your cooking	☐
• Use the MyFitnessPal app to assess your protein and/or potassium intake	☐
• Consider a potassium supplement or coconut water if your potassium intake is inadequate	☐
◦ especially if you have anxiety or heart palpitations	
◦ do not take potassium if you are on a heart medication	

Copyright ©2021 Dr Janelle Sinclair
www.drjanellesinclair.com

MODULE 2

Optimise Your Diet

INSIGHTS & NOTES FOR MODULE 2

Copyright ©2021 Dr Janelle Sinclair
www.drjanellesinclair.com

MODULE 3

Address Food Sensitivities

QUESTIONS TO ASK YOURSELF	YES	NO
• Do you have strong sugar cravings?	☐	☐
• Do you get hangry?	☐	☐
• Does Coeliac disease run in your family?	☐	☐
• Do you have digestive complaints?	☐	☐
• Did you have eczema, asthma, frequent chronic earaches or colic either as a child (or still as an adult)?	☐	☐
• Do you have bloating, nausea, burping, flatulence, diarrhea or constipation more than twice a week?	☐	☐
• Do you have brainfog, sinusitis or frequent vaginal yeast infections?	☐	☐

QUESTIONS TO ASK YOURSELF ABOUT BLOOD SUGARS	YES	NO
• Do you have anxiety or panic attacks?	☐	☐
• Does your mood fluctuate throughout the day?	☐	☐
• Do you skip breakfast?	☐	☐
• Do you skip meals?	☐	☐
• Do you have a sweet tooth?	☐	☐
• Do you get HANGRY?	☐	☐
• Do you wake up anxious? (Do you eat sugar/ cake/ chocolate/ wine at night?)	☐	☐

Copyright ©2021 Dr Janelle Sinclair
www.drjanellesinclair.com

MODULE 3
Address Food Sensitivities

AIMS FOR MODULE 3

TO DO

- Reduce sugar from your diet ☐
  - trial some healthy sweet alternatives ☐
- Aim to include protein & fat with each meal ☐
  - improve one meal at a time
- Consider chromium, alpha-lipoic acid and/or CoQ10 supplementation if sugar cravings or reactive hypoglycemia are an ongoing problem ☐
- Get the Coeliac disease blood test performed ☐
- Trial low FODMAP diet for 4 weeks (strictly) ☐
  - download the low FODMAP diet information ☐
  - or use the Monash University FODMAP app ☐
  - if symptom relief is experienced do the challenge test ☐
  - if no symptom relief go on a gluten free (and possibly dairy free) diet ☐
- Trial gluten free diet, or gluten free and dairy free diet, if indicated ☐

INSIGHTS & NOTES FOR MODULE 3

Copyright ©2021 Dr Janelle Sinclair
www.drjanellesinclair.com

MODULE 4

Support Gut Health

QUESTIONS TO ASK YOURSELF	YES	NO
• Do you have diarrhea, digestive discomfort, bloating or reflux more than once a week?	☐	☐
• Do you burp or fart on a daily basis?	☐	☐
• Do you have less than 1 bowel motion per day?	☐	☐
• Do you have brain fog?	☐	☐
• Do you have recurrent UTIs or yeast infections?	☐	☐
• Do you have sinusitus?	☐	☐
• Did you have a Caesarian birth?	☐	☐
• Did you have frequent antibiotics as a child (eg. ear infections?)	☐	☐
• Did you have a gut infection or take antibiotics before you became unwell?	☐	☐
• Do you have a sugary diet?	☐	☐
• Do you take stomach acid reducing medication (Proton Pump Inhibitors)?	☐	☐
• Do you regularly take NSAIDs (eg. aspirin, ibuprofen, diclofenac)?	☐	☐

Copyright ©2021 Dr Janelle Sinclair
www.drjanellesinclair.com

MODULE 4
Support Gut Health

AIMS FOR MODULE 4:
FOR THOSE WITH LITTLE GUT HEALTH CONCERNS

TO DO

- assess Coeliac disease test results ☐
- do the stomach acid test ☐
- eat 5 serves of vegetables daily ☐
- consume collagen powder or broth daily ☐
- eat a fermented food regularly (eg. kimchi, sauercraut, kombucha, milk kefir) ☐

AIMS FOR MODULE 4:
FOR THOSE WITH GUT HEALTH CONCERNS

TO DO

- assess Coeliac disease test results ☐
- eat 5 serves of vegetables daily ☐
- consume collagen powder or broth daily ☐
- get your bowels moving (1-2 bowel motions per day) ☐
- do the stomach acid test ☐
- trial a gluten free, dairy free or low FODMAP diet ☐
- order probiotics, stomach acid and gut healing supplements ☐

INSIGHTS & NOTES FOR MODULE 4

Copyright ©2021 Dr Janelle Sinclair
www.drjanellesinclair.com

MODULE 5

Treat Nutritional Deficiencies

QUESTIONS TO ASK YOURSELF

	YES	NO
• Do you eat a vegan or vegetarian diet?	☐	☐
• Do you consume red meat less than twice a week?	☐	☐
• Do you eat fish less than twice per week?	☐	☐
• Do you have dark skin?	☐	☐
• Do you spend most of your time indoors?	☐	☐
• Are you on the oral contraceptive pill?	☐	☐
• Do you have white dots in your fingernails?	☐	☐
• Do you eat little nuts and seeds?	☐	☐
• Are you stress intolerant?	☐	☐
• Is your iron always low or on the low-side?	☐	☐
• Do you eat less than 5 servings of fruit or vegetables per day?	☐	☐

BLOOD TEST RESULTS

	SEVERE DEFICIENCY	DEFICIENCY	OPTIMAL	ELEVATED
• Folate	☐	☐	☐	☐
• Iron (Ferritin)	☐	☐	☐	☐
• Vitamin B12	☐	☐	☐	☐
• Homocysteine	☐	☐	☐	☐
• Vitamin D	☐	☐	☐	☐
• Zinc	☐	☐	☐	☐
• Copper	☐	☐	☐	☐

NUTRITIONAL DEFICIENCIES I NEED TO INVESTIGATE FURTHER

Copyright ©2021 Dr Janelle Sinclair
www.drjanellesinclair.com

MODULE 5

Treat Nutritional Deficiencies

AIMS FOR MODULE 5

	TO DO
• Review blood test results	☐
• Increase foods rich in the nutrients you are deficient in	☐
• Order supplements if blood testing shows you are deficient	☐
• Review symptoms for magnesium and omega 3 deficiency and supplement if appropriate	☐
• Consider having regular epsom salt baths (to increase magnesium)	☐
• Increase fish intake (to improve omega 3 levels)	☐
• Be intentional about exposing skin to the sun for those with low vitamin D	☐
• Retest blood test in 3 months time	☐

INSIGHTS & NOTES FOR MODULE 5

Copyright ©2021 Dr Janelle Sinclair
www.drjanellesinclair.com

MODULE 6

Putting it all together

OVERWHELMED WITH YOUR MENTAL HEALTH?

	YES	NO
• Have you dealt with past trauma?	☐	☐
• Have you learnt cognitive behavioural therapy?	☐	☐
• Have you considered your spiritual life?	☐	☐
• Do you need to change something in your life? job, relationship, friendships?	☐	☐
• Consider further integrative medical testing...	☐	☐
• Test your genetics or consider your hormones	☐	☐

QUESTIONS TO ASK YOURSELF: GENETICS

	YES	NO
• Does depression, anxiety, mental illness or "worrying" run in your family?	☐	☐
• Have you had poor mental health from a young age?	☐	☐
• Is your depression "treatment resistant"?	☐	☐

QUESTIONS TO ASK YOURSELF: HORMONES

	YES	NO
• Does hypothyroidism run in your family?	☐	☐
• Is your thyroid enlarged or your neck swollen?	☐	☐
• Have you had burnout or a "breakdown"?	☐	☐
• Is your depression or anxiety worse when you are under stress?	☐	☐
• Do you have heavy periods, irregular periods or PCOS?	☐	☐
• Is your depression or anxiety cyclical?	☐	☐
• Do you have PMS, PMDD or postnatal depression?	☐	☐

Copyright ©2021 Dr Janelle Sinclair
www.drjanellesinclair.com