

Simply The Best Results' Clearing Session Menu

Choose up to 7 menu items in each category. Then prioritize the 7 from 1 – 7, with 1 indicating your highest priority to clear. Bring the list with you to your clearing session.

Beliefs & Emotions		Physical Responses
<input type="checkbox"/> Angry/bitter <input type="checkbox"/> Anxious about everything <input type="checkbox"/> Anxious in public <input type="checkbox"/> Betrayal <input type="checkbox"/> Blocked creativity <input type="checkbox"/> Blocked in love <input type="checkbox"/> Broken heart <input type="checkbox"/> Can't get ahead <input type="checkbox"/> Constant worry <input type="checkbox"/> Cry easily <input type="checkbox"/> Don't measure up <input type="checkbox"/> Failure <input type="checkbox"/> Fear of anything <input type="checkbox"/> Fear of failure or success <input type="checkbox"/> Feeling insecure <input type="checkbox"/> Feeling not good enough <input type="checkbox"/> Feeling stuck <input type="checkbox"/> Frustration <input type="checkbox"/> Gaslit/undermined <input type="checkbox"/> Grief <input type="checkbox"/> Guilt <input type="checkbox"/> Hatred towards someone <input type="checkbox"/> Heartache <input type="checkbox"/> Helpless <input type="checkbox"/> Hopeless <input type="checkbox"/> Indecision/wishy washy <input type="checkbox"/> Inner turmoil <input type="checkbox"/> Insecurity <input type="checkbox"/> Jealousy <input type="checkbox"/> Limiting beliefs: money	<input type="checkbox"/> Limiting beliefs: success <input type="checkbox"/> Limiting beliefs: weight loss <input type="checkbox"/> Loneliness <input type="checkbox"/> Low self-esteem <input type="checkbox"/> Negative self-talk <input type="checkbox"/> Negative thoughts <input type="checkbox"/> Old negative experiences/accidents <input type="checkbox"/> Patterns of taken advantage of <input type="checkbox"/> Perfectionism <input type="checkbox"/> Pessimism <input type="checkbox"/> Procrastination <input type="checkbox"/> Public speaking paralysis <input type="checkbox"/> Resentment <input type="checkbox"/> Resistance <input type="checkbox"/> Sadness <input type="checkbox"/> Self-criticism <input type="checkbox"/> Self-doubt <input type="checkbox"/> Self-hatred <input type="checkbox"/> Self-sabotage <input type="checkbox"/> Shame <input type="checkbox"/> Shyness <input type="checkbox"/> Social anxiety <input type="checkbox"/> Stress & worry <input type="checkbox"/> Trust issues <input type="checkbox"/> Unmet desires <input type="checkbox"/> Unmotivated <input type="checkbox"/> Unworthy/worthless <input type="checkbox"/> Writer's block	<input type="checkbox"/> Aching hands, fingers wrists <input type="checkbox"/> Addiction <input type="checkbox"/> Back pain – upper, mid, lower <input type="checkbox"/> Blocked nasal passages <input type="checkbox"/> Bowel issues <input type="checkbox"/> Brain fog <input type="checkbox"/> Burning chest sensation <input type="checkbox"/> Constipation <input type="checkbox"/> Excessive sweating <input type="checkbox"/> Falling or staying asleep trouble <input type="checkbox"/> Feeling of blocked breathing <input type="checkbox"/> Food/drink addiction <input type="checkbox"/> Hard to take deep breaths <input type="checkbox"/> Hormonal issues <input type="checkbox"/> Infertility <input type="checkbox"/> Liquor, beer, wine, etc. <input type="checkbox"/> Menopause <input type="checkbox"/> Morning sickness <input type="checkbox"/> Neck pain or stiffness <input type="checkbox"/> Night sweats <input type="checkbox"/> Numb hands, feet, legs <input type="checkbox"/> Pain all over body <input type="checkbox"/> Resistance: eating veggies <input type="checkbox"/> Resistance: exercise <input type="checkbox"/> Resistance: hydration <input type="checkbox"/> Restless legs <input type="checkbox"/> Seasonal allergies <input type="checkbox"/> Sharp electrical pain <input type="checkbox"/> Shoulder pain <input type="checkbox"/> Tingling in fingers, hand, feet

