

How Do You Feel Today?

Would you like to feel better in 30 days?

Date: _____

Date: _____

Mild	Mod	Severe		Gone	Mild	Mod	Severe
?	?	?	Low energy/no pep	?	?	?	?
?	?	?	Need caffeine	?	?	?	?
?	?	?	Mood swings	?	?	?	?
?	?	?	Nervous or depressed	?	?	?	?
?	?	?	Difficulty concentrating	?	?	?	?
?	?	?	Hard to get up in the morning	?	?	?	?
?	?	?	Require tranquilizers	?	?	?	?
?	?	?	Various aches and pains	?	?	?	?
?	?	?	Arthritic pain/joint stiffness or pain	?	?	?	?
?	?	?	Knee pain/back pain	?	?	?	?
?	?	?	High cholesterol/triglycerides	?	?	?	?
?	?	?	Diabetes	?	?	?	?
?	?	?	Craving for sugars	?	?	?	?
?	?	?	Overweight/underweight	?	?	?	?
?	?	?	Vision problems _____	?	?	?	?
?	?	?	Splitting/breaking finger nails	?	?	?	?
?	?	?	Dull, thinning hair	?	?	?	?
?	?	?	Headaches/ migraines	?	?	?	?
?	?	?	Constipation/hemorrhoids	?	?	?	?
?	?	?	Diarrhea	?	?	?	?
?	?	?	Bleeding gums/ bruise easily	?	?	?	?
?	?	?	Take aspirin-Tylenol often	?	?	?	?
?	?	?	Can't falls asleep/restless sleep	?	?	?	?
?	?	?	Subject to cold often & infections	?	?	?	?
?	?	?	Seasonal allergies	?	?	?	?
?	?	?	Poor digestion	?	?	?	?
?	?	?	Use anti-acid/ Nexium-Prilosec, etc	?	?	?	?
?	?	?	Poor circulation/cold hands and feet	?	?	?	?
?	?	?	Shortness of breath	?	?	?	?
?	?	?	Under lots of stress	?	?	?	?
?	?	?	Leg cramps	?	?	?	?
?	?	?	Menstrual cramps/PMS	?	?	?	?
?	?	?	Hot flashes	?	?	?	?
?	?	?	Water retention	?	?	?	?
?	?	?	Complexion problem	?	?	?	?
?	?	?	Anemia	?	?	?	?
?	?	?	Body odor/foot odor/bad breathe	?	?	?	?

Family history of: cancer/heart/stroke/diabetes? _____

Please check the left side for the symptoms that apply to you now. After 30 days of being on your Shaklee nutritional program, check the right side to notice the things that have disappeared or have improved. Many times, as our health improves, it is easy to forget the little things that were once bothering us until one day; we suddenly realize that they are no longer there. I look forward to hearing your experience.

Name _____

Phone _____

Address _____

