

Personal Health Evaluation



Name	Start Date
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Why chart your results?

When trying to improve your health, recognizing even the smallest progress is essential. Charting changes and improvements tell you what's working and what isn't. Many times people don't notice when small symptoms slowly diminish or go away... But wait! That's huge! Every disease starts with small symptoms, so if some them are slowly disappearing, then you're making progress. Keep doing whatever you're doing! This chart was designed to make you aware of those changes and improvements.

How to use this chart:

In the left column, rate any conditions that apply on a scale of 0 to 5

- 0 = no concern / symptom free,
- 5 = Exhibiting strong symptoms, big area of concern, needs serious attention, interferes with ability to fully enjoy life

On the back, write a brief description of your health challenges and goals, then update by date.

AFTER 90 DAYS ... THE LOWER THE NUMBER ... THE HEALTHIER YOU'RE BECOMING!

CONDITION	Present	14 Days	30 Days	60 Days	90 Days
Aching Joints	_____	_____	_____	_____	_____
Allergies / Hayfever	_____	_____	_____	_____	_____
Belching, Burping, Gas after Meals	_____	_____	_____	_____	_____
Brittle Fingernails	_____	_____	_____	_____	_____
Cold Hands and Feet	_____	_____	_____	_____	_____
Cravings for Sweets / Salt	_____	_____	_____	_____	_____
Cuts and Bruises Heal Slowly	_____	_____	_____	_____	_____
Depression	_____	_____	_____	_____	_____
Difficulty Failling Asleep	_____	_____	_____	_____	_____
Difficulty Handling Stress	_____	_____	_____	_____	_____
Frequent Colds and Infections	_____	_____	_____	_____	_____
Frequently Take Pain Killers	_____	_____	_____	_____	_____
Headaches / Migraines	_____	_____	_____	_____	_____
Heartburn	_____	_____	_____	_____	_____
Limp, Dry Hair	_____	_____	_____	_____	_____
Low Endurance Level	_____	_____	_____	_____	_____
Low Energy / Often Feel Tired	_____	_____	_____	_____	_____
Menstrual Cramps	_____	_____	_____	_____	_____
Moody / PMS	_____	_____	_____	_____	_____
Muscle Cramps	_____	_____	_____	_____	_____
Often Feel Bloating	_____	_____	_____	_____	_____
Poor Concentration	_____	_____	_____	_____	_____
Poor Memory	_____	_____	_____	_____	_____
Skin Problems, Dry, Itchy, Acne	_____	_____	_____	_____	_____
Water Retention	_____	_____	_____	_____	_____
TOTAL POINTS	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Tips for success:

- Be consistent with your supplements
- Strive for a diet of at least 80% natural, unprocessed foods
- Drink a minimum of 8 glasses of non-chlorinated water per day (tea, sodas, sports drinks, etc. don't count) - It must be plain water
- Get some form of exercise several days per week; anything that gets you moving! Even 15 min. of walking per day will be beneficial

Progress Notes

<p>Present Conditions and symptoms</p> <p>Date:</p>	
<p>14 Days</p> <p>Date:</p>	
<p>30 Days</p> <p>Date:</p>	
<p>60 Days</p> <p>Date:</p>	
<p>90 Days</p> <p>Date:</p>	

Your Health Goals

What would your personal picture of vibrant health look like? Write a positive statement of how you want to feel, what activities you will participate in, realistic exercise plans, and what goals you have for changing your lifestyle. Review this often!

Go to www.VitalEarth.net and read about what to eat, what not to eat, dangerous food additives to avoid, and many other helpful articles and news reports to help keep you on track to a healthier lifestyle.