

Health Survey Journal



Most people begin to notice changes within 3-30 days of taking the product faithfully; some require longer. The body seems to utilize the product where it's needed most. Knowing where you stand prior to taking the product and then re-evaluating your wellbeing at 2-4 week intervals over the next three months will give you a clear picture of your overall health improvements. **Using the following statements as indicators of health and wellness, please rate yourself from 1 to 5, 1 being very poor and 5 being excellent.**

Product Taken, How long & Amount:									
DATE:	Started	Wk 1	Wk 2	Wk 3	Wk 4	Wk 6	Wk 8	Wk 10	Wk 12
I wake up with a positive "can do" attitude most days.									
I sleep soundly and awaken feeling refreshed and ready to go.									
I easily manage life's daily stresses without excess nervous tension.									
I have good mental clarity: memory / focus.									
My level of energy is balanced—I'm able to move through daily activities with ample sustained energy, without caffeine.									
When I do physical work or exercise, I recover quickly with minimal soreness or stiffness.									
I have adequate muscle strength.									
I feel well most days—have infrequent colds/flu and downtime.									
I have good digestion and elimination.									
I am satisfied with my hair quality, e.g. thickness / gloss / color.									
I am satisfied with my skin quality, e.g. moisture, scarring, etc.									
For women: My monthly menstrual cycle is regular and uneventful, e.g. without PMS/discomfort.									
I am free from Headaches.									
I am free from Degenerative/auto-immune conditions.									
I am free from Food and environmental allergies/sensitivities.									
I am free from High/low blood pressure.									
I am free from High/low blood sugar levels.									
I am free from Respiratory issues, e.g. asthma, bronchitis, other.									
I am free from Symptoms from previous illnesses.									
I am free from Pain, e.g. neck, back, knees, other.									
I am free from Circulation issues, e.g. cold hands / feet, other.									

FBI/Health Survey – 34-29-30

Name: _____ Phone: _____ Best time to call: _____