

SELF EVALUATION

Rate Yourself: The higher the score, the more likely you have a problem in this category.

0 Never 1 Rarely 2 Occasionally 3 Often 4 Almost always 5 Severe →

Category 1 Hard Tissue – Do you have:

Rate Yourself 0-5	Start Time	30 days	90 days	6 months
(A) Knee, Shoulder, Joint Pain	_____	_____	_____	_____
(B) Back Pain, Neck Pain	_____	_____	_____	_____
(C) Stiff shoulders, Headaches	_____	_____	_____	_____
(D) Numbness, foot/arm fall asleep	_____	_____	_____	_____
(E) Trouble getting to sleep	_____	_____	_____	_____
(F) Bleeding gums, cavities	_____	_____	_____	_____
(G) Kidney stones, bone spurs	_____	_____	_____	_____
(H) High or low blood pressure	_____	_____	_____	_____
Totals ▶	_____	_____	_____	_____

▶ If you take medication for any of the following, how much do you take?

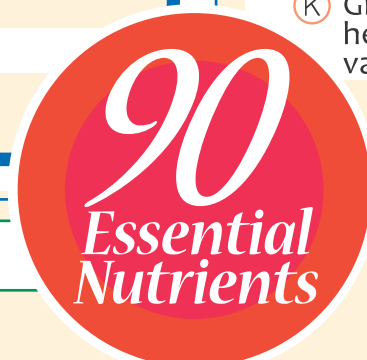
	Start Time	30 days	90 days	6 months
(I) Pain Killers for any of the above	_____	_____	_____	_____
(J) Blood Pressure Medication	_____	_____	_____	_____

Category 2 Soft Tissue – Do you have:

Rate Yourself 0-5	Start Time	30 days	90 days	6 months
(A) Dry Skin, dry cuticles	_____	_____	_____	_____
(B) Skin allergies	_____	_____	_____	_____
(C) Cracks on your heels	_____	_____	_____	_____
(D) Forget things you go to get	_____	_____	_____	_____
(E) Can't remember a specific word	_____	_____	_____	_____
(F) Trouble breathing	_____	_____	_____	_____
(G) Cough, dry throat	_____	_____	_____	_____
(H) Tiredness, Kidney problems	_____	_____	_____	_____
(I) Eye or eyesight problems (Cataracts, Macular Degeneration, Glaucoma, etc)	_____	_____	_____	_____
(J) Age spots, blemishes	_____	_____	_____	_____
(K) Grey hair, wrinkles, hemorrhoids, varicose veins	_____	_____	_____	_____
Totals ▶	_____	_____	_____	_____

▶ If you take medication for any of the following, how much do you take?

	Start Time	30 days	90 days	6 months
(L) Pain Killers for any of the above	_____	_____	_____	_____
(M) Cholesterol* medication	_____	_____	_____	_____
(N) Blood Thinners	_____	_____	_____	_____
(O) Medication for hormones	_____	_____	_____	_____
(P) Fibromyalgia, MS medication	_____	_____	_____	_____
(Q) Alzheimer, ALS, Parkinson meds	_____	_____	_____	_____
(R) Diuretics	_____	_____	_____	_____



Category 3 Blood Sugar Issues – Do you have:

Rate Yourself 0-5	Start Time	30 days	90 days	6 months
(A) Cravings for sugar, sweets	_____	_____	_____	_____
(B) Get sleepy after meals	_____	_____	_____	_____
(C) Excessive thirst or sweating	_____	_____	_____	_____
(D) Wake up during the night	_____	_____	_____	_____
Totals ▶	_____	_____	_____	_____

▶ If you take medication for any of the following, how much do you take?

	Start Time	30 days	90 days	6 months
(E) Blood Sugar medication	_____	_____	_____	_____
(F) Mood swing/depression medication	_____	_____	_____	_____
(G) ADD, ADHD, Autism medication	_____	_____	_____	_____

Category 4 Digestion – Do you have:

Rate Yourself 0-5	Start Time	30 days	90 days	6 months
(A) Heart burn/ acid reflux	_____	_____	_____	_____
(B) Stomach/intestinal pain	_____	_____	_____	_____
(C) Bloating/ gas	_____	_____	_____	_____
(D) Feel better when you don't eat	_____	_____	_____	_____
(E) Food Allergies	_____	_____	_____	_____
(F) Seasonal Allergies	_____	_____	_____	_____
(G) Constipation or Diarrhea	_____	_____	_____	_____
(H) Immune system problems	_____	_____	_____	_____
Totals ▶	_____	_____	_____	_____

▶ If you take medication for any of the following, how much do you take?

	Start Time	30 days	90 days	6 months
(I) Ant-acids, stomach acid meds*	_____	_____	_____	_____
(J) Fiber/medication for constipation	_____	_____	_____	_____
(K) Medication for Chron's Disease	_____	_____	_____	_____
(L) Immune system medication	_____	_____	_____	_____

Start your supplement program today!

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* Dr. Wallach recommends never using these two types of medications.

As you take the nutrition that Dr. Wallach recommends for your particular category, work with your personal Health Coach to keep track of the improvements you see in the first 30 days, 90 days, 6 months.