



## Every Week: Track **Your** Health Gains!

Our clients tell us that many health problems disappear when they eat only unrefined foods. You can use this form to keep track of your own progress, week by week.

Mark the first column next to each item to record how often the problem interferes with your life:

- 1 never
- 2 rarely
- 3 sometimes
- 4 often
- 5 all the time.

In the second column, note whether or not you have sought medical attention or taken anything for the problem in the previous six months, Y for yes, N for no.

We'll be glad to help, too — just return this form with your meal order and we'll feed your results back to you.

Your name: \_\_\_\_\_

The date: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

	1-5	Y/N
Abnormal weight		
Aches, muscle or bone		
Acid reflux		
Allergies		
Anxiety		
Attention deficit		
Bowel syndrome		
Critical/judgemental		
Depression		
Diabetes		
Eating		
Fatigue		
Food cravings		
Forgetfulness		
Groggy/foggy		
Headache		
Heart/cholesterol		
High blood pressure		
Hyperactivity		
Infections		
Irritability		
Sleep issues		
Swelling/bloating		
Other		