Wellness Evaluation

Please complete the following questionnaire so that we may monitor your progress over the next six-month period. Any information you supply is strictly confidential and will be treated as such.

Enter a number between 1 and 10 that you feel best rates your present condition.
1 = 'in poor current condition' or 'couldn't be worse'
10 = 'in excellent current condition' or 'couldn't be better'

Date:	Present	2 Weeks	1 Month	2 Months	3 Months	6 Months
Level of Energy						
Level of Stress						
Sleep Pattern						
Appetite						
Cravings/Blood Sugar						
Elimination Pattern / Bowel movements						
Mood Swings						
Hormonal Cycle (F)						
Circulation (cold hands/feet)						
Allergies						
Memory Recall/Focus/Concentration						
Alertness Level -upon waking/afternoons						
Joint Pain/Soreness						
Skin Condition						
Bone Strength						
Immune System						
Muscle Cramps						
Hair Condition						
Illness Frequency						
Yeast/fungus ailments						
Headaches/Migraines						

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