How Do You Feel Today?

In order to help determine your progress check your condition today and the future.

	L= Low v=Below Average A=Average ^=Above Average H=High	List Comments Below	NOW					30 Days					60 Days				
			L	v	A	^	H	L	v	A	^	H	L	v	A	^	H
1	Energy Level																
2	Weight																
3	Skin Problems																
4	Headaches																
5	Cuts and Bruises Heal																
6	Aching Joints																
7	Muscle Cramps																
8	Menstrual Cramps (PMS)																
9	Cold and Infections																
10	Blood Pressure																
11	Handle Stress																
12	Moods and Depression																
13	Concentration																
14	Alcohol Consumption																
15	Coffee Consumption																
16	Desire Sweets																
17	Allergies																
18	Take Pain Pills																
19	Fall Asleep																
20	Wake Up																
21	Memory																
22	Digestion																
23	Heartburn or Acid Indigestion																
24	Constipation																
25	Bad Breath																
26	Cold Hands or Feet																
27	Hair Condition																
28	Eye Sight																
29	Pains																
30	Heart																
31	Lungs																
32	Hearing																
33	Taste																
34	Smell																
35	Urination																
36	PH																
37	Disease																
38	Medical Condition																
39	Toe Nails																
40	Finger Nails																
41	Swollen																
42	Cholesterol																
43	Hair Mineral Analysis																