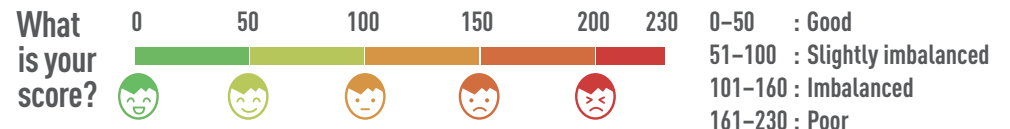


SELF-CHECK QUESTIONNAIRE

Here's how you can self-check the effectiveness in 30 days.
Mark your rating on the following for comparisons:



DAY 1

DATE / /

Rate your symptoms on a scale of 1-10 (Based on severity).
Place your score in the right hand column and add up your total.

SYMPTOM	SCALE 1 ↔ 10	SCORE
TIRED	Never ↔ Extremely	
SNAPPY (EASILY AGITATED)	Calm ↔ Very Bad Tempered	
EMOTIONAL	Balanced ↔ Highly	
FOOD DOESN'T DIGEST	No Problem ↔ Uncomfortable	
SHORT TERM MEMORY	Great Memory ↔ Forget Easily	
SUGAR CRAVINGS	No ↔ Love Sweets	
FALL SICK EASILY	No ↔ Frequently	
COLD HANDS OR FEET	Normal ↔ Very cold	
FEELING OF HOPELESSNESS	Life is Good ↔ Depressed	
MIGRAINES	No Headaches ↔ Extremely	
THRUSH / FUNGAL INFECTIONS	Never ↔ Frequently	
BOWEL MOVEMENTS	Normal / Regular ↔ Irregular	
CONSTIPATION (PASSING MOTION)	Every Day ↔ 10 Days Apart	
SNACKING	No ↔ Always Snacking	
ACNE	Nil ↔ Extremely	
VOICE	Normal ↔ Hoarseness	
EMOTIONALLY STRETCHED	Calm ↔ Volatile	
SENSITIVE TUMMY	No ↔ Extremely	
DIFFICULTY SLEEPING	No ↔ Extremely	
SLEEPING QUALITY	Very Good ↔ Poor	
FEELING OF RESTLESSNESS	Never ↔ Often	
LOWER BACK PAIN	Never ↔ Extreme	
WIND / BLOATING	Never ↔ Often	
	TOTAL	

DAY 30

DATE / /

Rate your symptoms on a scale of 1-10 (Based on severity).
Place your score in the right hand column and add up your total.

SYMPTOM	SCALE 1 ↔ 10	SCORE
TIRED	Never ↔ Extremely	
SNAPPY (EASILY AGITATED)	Calm ↔ Very Bad Tempered	
EMOTIONAL	Balanced ↔ Highly	
FOOD DOESN'T DIGEST	No Problem ↔ Uncomfortable	
SHORT TERM MEMORY	Great Memory ↔ Forget Easily	
SUGAR CRAVINGS	No ↔ Love Sweets	
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SLEEPING QUALITY	Very Good ↔ Poor	
FEELING OF RESTLESSNESS	Never ↔ Often	
LOWER BACK PAIN	Never ↔ Extreme	
WIND / BLOATING	Never ↔ Often	
	TOTAL	