

My Current Health Inventory

Name _____ My Height _____ My Weight _____ Waist size _____ Today's Date _____

Current health challenges and symptoms	Observations @30 days using the 90forLIFE! Protocol	Observations @90 days using the 90forLIFE! Protocol
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Common health challenge topics to 'jump start' your personal evaluation:

<i>Overweight</i>	<i>Achiness</i>	<i>Allergies</i>	<i>Age spots</i>	<i>Big waist</i>	<i>Hair loss</i>
<i>Acne</i>	<i>Foggy mind</i>	<i>Dry skin</i>	<i>Cardio</i>	<i>Bleeding gums</i>	<i>Wrinkles</i>
<i>Emotional</i>	<i>Memory</i>	<i>Thyroid</i>	<i>Periodontal</i>	<i>Digestive</i>	<i>Libido</i>
<i>Lower back</i>	<i>Inflammation</i>	<i>Adrenal</i>	<i>Bone & Joint</i>	<i>Depression</i>	<i>Twitches/ Ticks</i>
<i>Blood sugar</i>	<i>Congestion</i>	<i>Female</i>	<i>Skin</i>	<i>Cravings</i>	<i>Binges</i>
<i>Hang nails/ cracked heels or cuticles</i>	<i>Ringing in the ears</i>	<i>Male</i>	<i>Range of motion</i>	<i>Muscle aches</i>	<i>Poor recovery</i>

I would rate my overall health (*circle one*): POOR FAIR GOOD EXCELLENT

I would rate my energy level (*circle one*): POOR FAIR GOOD EXCELLENT

I usually get _____ hours of sleep at night. | I usually drink _____ glasses of water a day.

I eat breakfast: YES NO | I exercise at least 3 times a week: YES NO | I break a sweat when I exercise: YES NO

