

# SELF EVALUATION

Rate Yourself: The higher the score, the more likely you have a problem in this category.

0 Never 1 Rarely 2 Occasionally 3 Often 4 Almost always 5 Severe

## Category 1 Hard Tissue – Do you have:

### Rate Yourself 0-5

Start Time 30 days 90 days 6 months

- (A) Knee, Shoulder, Joint Pain
- (B) Back Pain, Neck Pain
- (C) Stiff shoulders, Headaches
- (D) Numbness, foot/arm fall asleep
- (E) Trouble getting to sleep
- (F) Bleeding gums, cavities
- (G) Kidney stones, bone spurs
- (H) High or low blood pressure

Totals ▶

▶ If you take medication for any of the following, how much do you take?

Start Time 30 days 90 days 6 months

- (I) Pain Killers for any of the above
- (J) Blood Pressure Medication

## Category 2 Soft Tissue – Do you have:

### Rate Yourself 0-5

Start Time 30 days 90 days 6 months

- (A) Dry Skin, dry cuticles
- (B) Skin allergies
- (C) Cracks on your heels
- (D) Forget things you go to get
- (E) Can't remember a specific word
- (F) Trouble breathing
- (G) Cough, dry throat
- (H) Tiredness, Kidney problems
- (I) Eye or eyesight problems (Cataracts, Macular Degeneration, Glaucoma, etc)
- (J) Age spots, blemishes
- (K) Grey hair, wrinkles, hemorrhoids, varicose veins

Totals ▶

▶ If you take medication for any of the following, how much do you take?

Start Time 30 days 90 days 6 months

- (L) Pain Killers for any of the above
- (M) Cholesterol\* medication
- (N) Blood Thinners
- (O) Medication for hormones
- (P) Fibromyalgia, MS medication
- (Q) Alzheimer, ALS, Parkinson meds
- (R) Diuretics

## Category 3 Blood Sugar Issues – Do you have:

### Rate Yourself 0-5

Start Time 30 days 90 days 6 months

- (A) Cravings for sugar, sweets
- (B) Get sleepy after meals
- (C) Excessive thirst or sweating
- (D) Wake up during the night

Totals ▶

▶ If you take medication for any of the following, how much do you take?

Start Time 30 days 90 days 6 months

- (E) Blood Sugar medication
- (F) Mood swing/depression medication
- (G) ADD, ADHD, Autism medication

## Category 4 Digestion – Do you have:

### Rate Yourself 0-5

Start Time 30 days 90 days 6 months

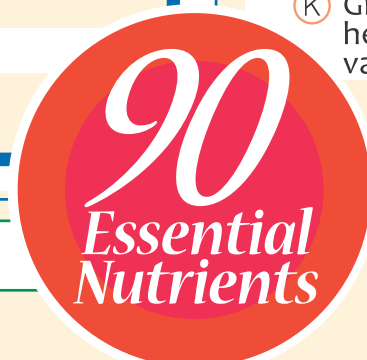
- (A) Heart burn/ acid reflux
- (B) Stomach/intestinal pain
- (C) Bloating/ gas
- (D) Feel better when you don't eat
- (E) Food Allergies
- (F) Seasonal Allergies
- (G) Constipation or Diarrhea
- (H) Immune system problems

Totals ▶

▶ If you take medication for any of the following, how much do you take?

Start Time 30 days 90 days 6 months

- (I) Ant-acids, stomach acid meds\*
- (J) Fiber/medication for constipation
- (K) Medication for Chron's Disease
- (L) Immune system medication



Start your supplement program today!

Mark Hamilton - 602-752-0274  
<http://keys2healing.com> - <http://mwh.my90forlife.com> -  
<http://mwh.Youngevity.com>

\* Dr. Wallach recommends never using these two types of medications.

As you take the nutrition that Dr. Wallach recommends for your particular category, work with your personal Health Coach to keep track of the improvements you see in the first 30 days, 90 days, 6 months.