State of Health as of _____

Progress Chart

Day 1	Day 15	Day 30
Waist _____	Waist _____	Waist _____
Hip _____	Hip _____	Hip _____
Right Thigh _____	Right Thigh _____	Right Thigh _____
Left Thigh _____	Left Thigh _____	Left Thigh _____
Chest _____	Chest _____	Chest _____
Biceps L & R _____	Biceps L & R _____	Biceps L & R _____
Body Fat % _____	Body Fat % _____	Body Fat % _____

*****Please note that your overall health is more important than any measurements or scale!*****

Check off Current conditions with any notes and go back and review after 30 days!

☐ High Blood Pressure _____	☐ Tremors _____	☐ Focus/ Mental Clarity _____
☐ Low Blood Sugar _____	☐ Sense of Taste _____	☐ Allergies/Congestion _____
☐ Unstable Blood Sugars_____	☐ Sense of Smell_____	☐ Brain Fog _____
☐ Cravings _____	☐ MS _____	☐ Headaches Daily _____
☐ Poor Appetite Control _____	☐ ADD & ADHD_____	☐ Headaches Monthly _____
☐ Binge Eating _____	☐ Autism_____	☐ Migraines _____
☐ Anxiety_____	☐ ALS _____	☐ Vision _____
☐ Emotional Issues_____	☐ Asperger's _____	☐ Digestive Issues _____
☐ Poor Mood_____	☐ Dementia _____	☐ GI Issues _____
☐ Patience _____	☐ Alzheimer's _____	☐ Acid Reflux_____
☐ Depression_____	☐ Parkinson's _____	☐ Heartburn_____
☐ PTSD _____	☐ Concussions_____	☐ Strength Gain _____
☐ Low energy _____	☐ Traumatic Brain Injury	☐ Acne_____
☐ Weakness _____	☐ Sleep: scale 1-5 _____	☐ Dry Skin _____
☐ Mid-day slump_____	☐ Fibromyalgia _____	☐ Psoriasis_____
☐ Hormonal Imbalance_____	☐ Crohn's _____	☐ Rosacea _____
☐ Hypo or Hyper Thyroid _____	☐ Colitis _____	☐ Workout Energy : Scale 1 to 5 ___
☐ Aches & Pains _____	☐ Inflammation _____	☐ Body muscle contour _____
☐ PMS _____	☐ Swelling _____	☐ Recovery/hangover _____
☐ Auto Immune disease_____	☐ Bloating _____	☐ Fatigue _____
☐ Menstrual cycle issues _____	☐ Restless Leg _____	☐ Perspiration _____
☐ Hair loss/thinning/new growth	☐ Muscle twitching _____	☐ Varicose Veins_____