OW do you feel today

A guideline for measuring your personal results. Guaranteed!

Today's Date: _____

(Tell) ((())) 30 Days from Today's Date:

No Pep Overweight / Underweight Splitting / Breaking fingernails Dull, thinning hair Need coffee to get going Headaches A desire for chocolates/sweets Constipation, Hemorrhoids **Bleeding Gums** Bruise easily Take aspirin, Tylenol often Poor digestion Poor Circulation / Cold Hands Hard to wake up in the morning Can't fall asleep Dry / Oily Skin Complexion problems Leg cramps Bad Breath / Smelly Feet Subject to Colds / Infections Nervous or Depressed Various Aches & Pains Have vague "Blah" feeling **Require Tranquilizers** Use antacids Shortness of breath **Under Stress** High Cholesterol / Triglycerides Sinus & Allergy problems **Backaches** Joint Stiffness Water Retention Menstrual Cramps / PMS Hot Flashes

