



Health Check-Up Tracker

Day 1. Getting started, let's do a physical and emotional check-up of where you are now.

Starting point:

Weight _____

Chest _____ Waist _____ Hips _____ Thighs _____

Energy (1 bad-10 good) _____

Healthy Check Quiz

Take this check-up **Day 1** and **Week 2** See how you feel **also at Week 4**
(This test is adapted from the work of Dr Mark Hyman.)

Rating Scale –

- 0 – Almost never,
- 1 Occasionally have it and the effect is not severe,
- 2 Occasionally have it and the effect is severe,
- 3 Frequently have it and the effect is not severe,
- 4 Frequently have it and the effect is severe

Digestive Tract	Day 1	Week 2	Week 4	Change
Nausea or vomiting				
Diarrhea				
Constipation				
Bloated feeling				
Belching or passing gas				
Heartburn				
Intestinal / stomach pain				
Subtotal				
Ears	Day 1	Week 2	Week 4	Change
Itchy ears				
Earaches or ear infections				
Drainage from ear				
ringing in ears or hearing loss				
Subtotal				
Emotions	Day 1	Week 2	Week 4	Change
Mood swings				
Anxiety, fear, or nervousness				
Depression				
Subtotal				



Energy / Activity	Day 1	Week 2	Week 4	Change
Fatigue or sluggishness				
Apathy or lethargy				
Hyperactivity				
Restlessness				
Subtotal				
Eyes	Day 1	Week 2	Week 4	Change
Watery or itchy eyes				
Swollen, reddened or sticky eyelids				
Bags or dark circles under eyes				
Blurred or tunnel vision				
Subtotal				
Head	Day 1	Week 2	Week 4	Change
Headaches				
Faintness, Dizziness				
Insomnia				
Subtotal				
Heart	Day 1	Week 2	Week 4	Change
Irregular or skipped heartbeat				
Rapid or pounding heartbeat				
Chest pain				
Subtotal				
Joints/ Muscles	Day 1	Week 2	Week 4	Change
Aches, weakness or pain in joints				
Aches, weakness or pain in muscles				
Stiffness or limitation of movement				
Arthritis throbbing				
Subtotal				
Lungs	Day 1	Week 2	Week 4	Change
Chest Congestion				
Shortness of breath				
Difficulty breathing				
Subtotal				
Mind	Day 1	Week 2	Week 4	Change
Poor memory, concentration				
Confusion or poor comprehension				
Poor physical coordination				
Difficulty making decisions				
Stuttering or stammering				
Slurred speech				
Learning disabilities				
Subtotal				



Nose	Day 1	Week 2	Week 4	Change
Stuffy nose				
Sinus problems				
Hay fever				
Sneezing attacks				
Excessive mucus formation				
Subtotal				
Skin	Day 1	Week 2	Week 4	Change
Acne				
Hives, rashes, or dry skin				
Hair loss				
Flushing or hot flushes				
Excessive sweating				
Subtotal				
Weight	Day 1	Week 2	Week 4	Change
Binge eating/ drinking				
Craving certain foods				
Excessive weight				
Compulsive eating				
Water retention				
Skip meals often				
Excess alcohol intake				
Night eating				
Subtotal				
Other	Day 1	Week 2	Week 4	Change
Frequent illness				
Frequent or urgent urination				
Genital itching or discharge				
Subtotal				
Grand Total				

Congratulations on completing the program!

How do you feel? Go back and review your answers from the first day and see how you've changed.

Ending Point:

Weight _____ Difference _____

Chest _____ Difference _____ Waist _____ Difference _____

Hips _____ Difference _____ Thighs _____ Difference _____

Energy (1 bad-10 good) _____ Difference _____