

Current Health Survey:

Please rate your current health and list any current health issues below. This is for your eyes only. It is a way to help determine if changing lifestyle habits are impacting your health.

1- very poor, 2-poor, 3-average, 4-good, 5-excellent

Diet-

Joint health-

GI health-

Mood-

Sleep-

Energy level-

Age-

Weight:

Other health issues: _____

