

# Conscious Wellness Evaluation

The following is a list of questions to help you to get a baseline of your current state of wellness. Before you begin making any dietary changes, please take 5 minutes to fill this out as honestly and openly as possible. If you are feeling extra adventurous, take a picture of yourself too! Re-visit this form on day 7 and again on day 14.

*On a scale of 1-10, with 10 being "Amazing!" rate yourself on how you feel about the following areas of your health/life.*

	Day 1	Day 7	Day 14
Allergies			
Appetite			
Body aches and pains			
Bowel movements			
Cravings			
Energy			
Hair			
Hormonal cycles			
Immune System			
Libido			
Memory			
Mental Clarity			
Mood			
Outlook on life			
Skin condition			
Sleep			
Stress level			

