

Why Nutrition Matters! How Do You Feel Today

This chart will help recognize changes happening as you take Shaklee Products

1 = Not at all 2 = Occasionally 3 = Experience Most of the time

4 = Experience all the time N/A = Not applicable

Start with CURRENT column then 7 days and each month after that to see the difference

Start Date:	Name:	Phone:			
FUNCTION	CURRENT	DAY 7	DAY 30	DAY 60	DAY 90
Digestive					
Constipation					
Acid Reflux/Heartburn/Gerd					
Bloating					
Joint Pain and Stiffness					
Inflammation					
Take aspirin/Tylenol often					
Restless Leg Syndrome (RLS)					
Brain Health					
Anxious - Nervousness					
Depression					
Stress					
Memory Concerns					
Mental Focus					
Sleep & Energy					
I sleep all night					
Tired/Fatigue in the morning					
Mid-day Fatigue					
Female Health Concerns					
PMS/Menstrual Cramps					
Hormone Concerns					
Menopause Symptoms					
Splitting / Breaking fingernails					
Immunity					
Sinus issues					
Subject to colds and flu					
Sundowners from Covid					
Allergies					
Asthma					
Overall Health					
I'm at my desired weight					
A desire for sweets					
Abnormal blood sugar levels					
Skin					
Irritation					
Acne					
Eczema/Psoriasis					

NOTES