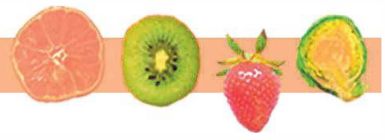
Why Nutrition Matters!



How Do You Feel Today?

Check This Side On Starting Date:		Check This Side 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 ..... ☐	
	☐ ..... Memory Concerns ..... ☐	

Follow up with your Just Take A Look Shaklee Ambassador.