

SYMPTOM TRACKER

Check all that apply and rate on a scale of 0-5 (0 is least applicable, 5 is most applicable)

Please also note if onset of symptom is recent (6 months to one year) or past. Re-do your Symptom Tracker after your 30 day course and every Season (3 months). *You may have to print these pages.

	0-5		Past or Recent
<input type="checkbox"/> Poor Memory	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> Difficulty with attention/focus	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> Difficulty getting or staying asleep	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> Consistent headaches or migraines	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> Depression & severe mood swings	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> Dry flaky skin	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> Crave sugar and chocolate	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> Crave caffeine and coffee	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> Crave salt	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> Experience extreme stress all day	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> High anxiety	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> Tally these: Nervous System Stress	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> Excessive mucus in the morning	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> Bag or dark circles under your eyes	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> Acne	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Yellow in the whites of your eyes	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Dry skin on the back of upper arms	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Hot flushes, excessive sweating	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Stubborn weight around your abdomen	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Tally these: Liver congestion Issues	<input type="checkbox"/>	<input type="checkbox"/>	

SYMPTOM TRACKER CONT.

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	0-5		Past or Recent
<input type="checkbox"/> Bloating all the time and after meals	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> Passing gas	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> Heartburn	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> Belching	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> Diarrhea	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> Constipation	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> Gall Bladder attacks/surgery	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> IBS	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> Gluten Allergy	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> Tally these: Digestive Issues	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> Fatigue & sluggishness	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> Arthritis	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> Pain or aches in joints	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> Hyperactivity	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> Restlessness	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> Consistent stiffness	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> Tally these: Inflammation Issues	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> High Stress career and life	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> Frequent illness	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> Frequent infections	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> Dehydration	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> Swollen lymph nodes	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> Unusually cold	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> Tally these: Immune System Stress	<input type="checkbox"/>		<input type="checkbox"/>



SYMPTOM TRACKER RESULTS

Which category was the highest?

Here are some general suggestions from each category. Remember this isn't about "fixing" yourself. It is about increasing awareness of how your emotional and physical body respond to each other. We will review this during our course!

Nervous System: Add in **meditation, breath work, gratitude** practice. Try adding in Magnesium especially at night before bed. Also try a high-quality Omega 3-fish oil/algae before bed.

Liver Congestion: Add in more Vegan Meals for the fiber content. Try adding in fermented veggies as a snack in the mid-day. Try adding in herbal teas diluted with water. Journal the emotions you are feeding and not feeling.

Digestive System: Add in fresh **papaya** or **raw pineapple** between meals. Try a high quality Digestive Enzyme. Drink room temperature water between meals versus with meals.

Inflammation: Add in high **quality spring water** throughout the day. Add in lime, mint, or cucumber to your water. Add in 10 minutes of daily stretching. Try epsom salt baths with essential oils.

Immune System: Add in Tulsi tea. Add more fresh herbs and spices to your meals.