MY HEALTHY DETOX PRE-ASSESSMENT
HEALTH AUDIT

My Number 1 Health Goal

Self-Assessment

Answer a number between 0-10 where 0 is never or not much and 10 is always or very much

- ☐ How easily do you fall asleep?
- ☐ How well do you sleep?
- ☐ How refreshed do you feel upon waking?
- ☐ How energetic do you feel at 3pm?
- ☐ How energetic do you feel at the end of the day?
- ☐ How comfortable (absence of pain) do you feel in your own body?
- ☐ How is your body image?
- ☐ How positive are you about your life in general?
- ☐ How often do you feel tired or bloated or uncomfortable after eating?
- ☐ How often do you suffer constipation or diarrhoea (or a combination)?
- ☐ How fit, strong and flexible do you feel?

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