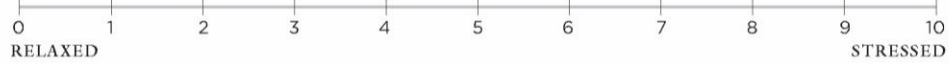


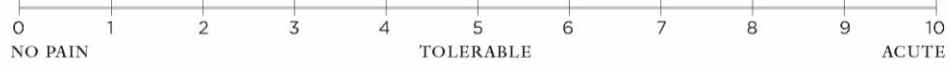
Progress

DATE: _____

1. Stress Level:



2. Pain Level:



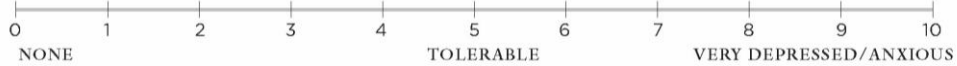
3. Energy Level:



4. Sleep:



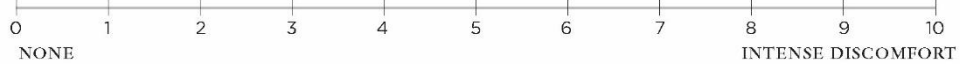
5. Mood (Anxiety or Depression):



6. Cravings:



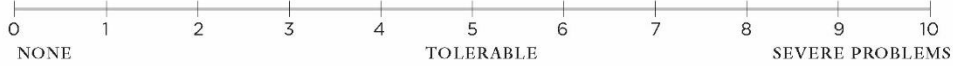
7. Neck and Shoulder Stiffness/Discomfort:



8. Mental Clarity and Memory:



9. Problems with digestion (constipation, irritable bowel, acid reflux, et.):



10. Endurance (self-determined measure):



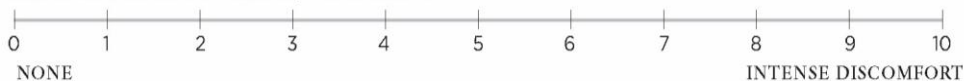
11. Lower Back Pain:



12. Blood Pressure:



13. Difficulty Breathing:



14. Any Other Condition To Be Measured

