

Name: _____

Age: _____ Gender: Male/Female

Mobile No: _____

Date: _____

YOUR HEALTH CHECK!

NO	DESCRIPTION	TICK (✓) where applicable
1	I live/work in a polluted area with lots of smoke, or bad air	
2	I am a smoker/I have people smoke around me	
3	I exercise less than 3 times a week	
4	I frequently sleep less than six hours a day	
5	I experience frequent sleep disturbances	
6	I take fast food, fatty foods, pre-prepared foods and fried foods regularly	
7	I do not over eat, but still gain weight	
8	I always crave for sweet and sugary food	
9	I am a frequent alcohol drinker	
10	I am constantly living in a stressful lifestyle/environment	
11	I have constipation problem	
12	I feel bloated, gassy and indigestion after eating	
13	I am trying to get rid of bad breath	
14	I am concerned of my body odour	
15	I feel tired and lack of energy level	
16	I am easily irritated and moody for no good reason	
17	I am concerned about my dull complexion and dry skin	
18	I have food allergies and skin problems e.g rashes/eczema/acne	
19	I have frequent headache and migraine	
20	I do experience brain fog and lack of concentration and/or poor memory	

The above checklist is serve as an overview of your health concern, it is not intended for medical prescription. If your symptom persist, please consult your physician.

Looking for a trusted detox source? Talk to your Shaklee Distributor today and create a plan that suits you.