

REDUCE STRESS
 SLEEP BETTER
 EAT CLEAN
 DRINK WATER
 MOVE YOUR BODY
 CHANGE YOUR LIFE!



14 DAY RESET



This survey is designed to help you compare your starting point and end results of the 14 Day Reset. Be truthful in your responses; they are private and meant only for your reflection. This is a key step in understanding the full impact of your journey.

Recognize your progress and any improvements in your health and well-being. It's a valuable opportunity to see how far you've come and to celebrate your achievements.

Rate The Following <i>(1 Bad - 10 Feeling Great)</i>	Before 1 - 10	After 1 - 10
ENERGY LEVELS		
PHYSICAL COMFORT <i>(lack of pain)</i>		
MOOD		
BODY IMAGE <i>(how you like your body)</i>		
JOINT MOBILITY		
SKIN APPEARANCE		
IMMUNE SYSTEM FUNCTION		
MENTAL ACUITY/FOCUS		
DIGESTION/REGULARITY		
QUALITY OF SLEEP		
OVERALL WELLNESS		
PATIENCE		
ABILITY TO HANDLE STRESS		
CURRENT WEIGHT (LBS)		
What is your wellness goal for this Reset?		

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