Symptoms of Aging Checklist

Name:		
Start Day & Date:		



SECTION 1: HIGHER NUMBER IS BETTER. PLEASE RATE ON A SCALE 1-10. 10 BEING EXCELLENT

	Before	24 Hours	7 Days	14 Days	30 Days	60 Days	90 Days
Quality of Sleep							
Energy & Vitality							
Stamina							
Mental Clarity							
Skin Appearance							
Quality of Hair							
Eyesight					7		
Wound Healing							_
Sports Performance							

SECTION 2: LOWER NUMBER IS BETTER. PLEASE RATE ON A SCALE 1-10. 1 BEING EXCELLENT

	Before	24 Hours	7 Days	14 Days	30 Days	60 Days	90 Days
Pain							
Inflammation							
Headaches or Migraines							
Fine Lines and Wrinkles							
Scars							
Age Spots							
Exercise Recovery Time							

SECTION 3: OTHER SYMPTOMS & PERSONAL HEALTH CONCERNS

Before	24 Hours	7 Days	14 Days	30 Days	60 Days	90 Days