SENSEable Wellnesss

Fill out every 30 Days

See what changes. **Track** your progress.
Adjust your program to keep up with your body's changing demands.

Date

Please mark if this is your initial Profile, 30, 60 or 90 Day Profile.

Initial	
30 DAY	
60 DAY	
90 DAY	

Name Last

First

Symptoms

Choose number that describes intensity of each
1 = Not Present 2= Mild 3 = Moderate 4 = Severe

1	2	3	4	
○	○	○	○	Fatigue
○	○	○	○	Irritability
○	○	○	○	Depression/Sadness
○	○	○	○	Lack of Focus/Concentration
○	○	○	○	Impatience
○	○	○	○	Inflexible
○	○	○	○	Anxiety
○	○	○	○	Hyperactivity
○	○	○	○	Explosive Temper
○	○	○	○	Sleep Problems
○	○	○	○	Headaches
○	○	○	○	Neck Tension
○	○	○	○	Muscle/Joint Aches
○	○	○	○	Skin Problems
○	○	○	○	Constipation
○	○	○	○	Diarrhea
○	○	○	○	Gas and/or Bloating
○	○	○	○	Indigestion/Reflux
○	○	○	○	Respiratory Problems
○	○	○	○	Congestion
○	○	○	○	Allergies
○	○	○	○	Ear Problems
○	○	○	○	Eye Problems
○	○	○	○	Teeth/Jaw Problems
○	○	○	○	Dark Circles Under Eyes
○	○	○	○	Hormone Issues
○	○	○	○	Memory Issues
○	○	○	○	Weight Gain
○	○	○	○	Weight Loss
○	○	○	○	Sweating too much or not at all
○	○	○	○	Feeling Too Cold or Too Hot
○	○	○	○	Cold Hands and/or Feet

Record your Readings & Scores Daily for Three Days

Vital Signs	DATE	DATE	DATE
Blood Pressure e.g. (120/80)			
Heart Rate (beats per minute)			
Temperature			

Fluid Level Select number that best matches your Fluid Level each day	DATE	DATE	DATE

1 None **2** Waist **3** Chest **4** Neck
5 Mouth **6** Eyes **7** Above head

Exercise List how many minutes you walked/ exercised each day	DATE	DATE	DATE

Lyte Balance **Taste n' Score**	DATE	DATE	DATE

WS Wildly Salty **MS** Mildly Salty
G Good **NT** No Taste

Buffers Smell n' Score	DATE	DATE	DATE
Calcium			
Magnesium			
Betaine HCl			
Ammonium Chloride			

Vital Signs Record each day upon arising or before going to bed.

Blood Pressure: Take while seated with left arm resting on a table and slightly bent so that the arm is at the same level as the heart.

Heart Rate: Find the pulse at the wrist or neck. Count the beats for 15 seconds and multiply by 4 to get beats per minute.

Take blood pressure & heart rate after resting (sitting still) for at least 5 minutes.

Body Temperature: Wait at least 1 hour after vigorous exercise or a hot bath. Wait 20 to 30 minutes after eating or drinking.

Fluid Level: Sit with your right hand, palm down, on your right leg. Slowly raise your hand and watch the veins. The level of the body where your veins disappear is your `Fluid Level.' Use the number by the words below to record your Fluid Level.

SMELL n' SCORE

TAKE
1 good
2 pleasant
3 no smell
4 mild

DON'T TAKE
5 so-so
6 unpleasant
7 no thanks

More Information? www.senseablesupplements.com