Health GPS Form

Day 1 - 3, drink 1/2 mini bottle or 1.5 oz in the MORNING first thing and 1/2 bottle in the AFTERNOON or EVENING.
Day 4 - 6, drink 1 oz in the MORNING first thing and 1 oz in the AFTERNOON or EVENING.
Day 7 - on, drink the recommended dose of .75 oz per day

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Measure a Minimum of 5 of the below with 1 to 10 (with 10 being the best):

	Normally	After…. 3 Days	7 Days	10 Days	30 Days
Sleep / Dreams					
Energy level in the Morning					
Energy level in the Afternoon					
Weight / Waist size					
Aches/Pains					
Mental Clarity / Memory / Focus					
Stress level					
Breathing ability climbing stairs					
Digestion / Acid reflux					
Regularity					
Vision (without glasses)					
Appetite					
Sweet Cravings					
Exercise performance / recovery					
Mood / Depression					
Allergies / Asthma					
Skin clarity / Texture					
Urinary Incontinence					
Total					

"Anything that does not get measured cannot be managed & and improved, It's critical for our health ~ our most important asset in life."
Dr. Joe Guarnera

Best Results: DRINK A BIG GLASS OF WATER AFTER YOUR SEVEN+. DRINK LOTS OF WATER THROUGHOUT THE DAY. Add GreenZilla for more hydration & benefits.

What about aches and pain that you may have?

Take a sheet of paper and on this page draw an outline of a human body (like a paper doll) & draw arrows to areas of your body where you have discomfort and on a scale of 0 to 10 (with 10 being the highest level of pain or discomfort and zero meaning you have no pain or discomfort) list the intensity of any discomfort you may have.

	If so what is the intensity? On a scale of 1 to 10		
	Before	after 7 days	after 30 days
Do you have lower back pain?			
Do you have neck pain?			
Do you have knee pain?			
Do you have pain in your finger joints?			
Do you have any pain in your feet or ankles?			
Do you get heartburn?			
Do you get dizzy or ever feel faint?			
How RESTED do you feel when you wake up in the morning?			

For a more detailed analysis of your health you may want to get a blood test and check for…
Cholesterol_____ LDL_____ Blood Sugar_____ Heavy Metals_____
PSA_____PH of your Saliva?_____Bone Density?_____How much do you weigh?_____