

How Do You FEEL TODAY?

Check This Side
On Starting Date:

After 7-Day
Fresh Start Cleanse After
30-Days

- | | | | |
|--------------------------|--|--------------------------|--------------------------|
| <input type="checkbox"/> | No Pep | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Overweight / Underweight | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Splitting / Breaking Fingernails | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Dull, Thinning Hair | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Need Coffee To Get Going | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Headaches | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | A Desire For Chocolates / Sweets | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Constipation, Hemorrhoids | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Bleeding Gums | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Bruise Easily | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Take Aspirin, Tylenol Often | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Poor Digestion | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Poor Circulation / Cold Hands | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Hard To Wake Up In The Morning | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Can't Fall Asleep | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Dry / Oily Skin | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Complexion Problems | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Leg Cramps | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Bad Breath / Smelly Feet | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Subject To Colds / Infections | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Nervous Or Depressed | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Various Aches & Pains | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Have Vague "blah" Feeling | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Require Tranquilizers | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Use Antacids | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Shortness Of Breath | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Under Stress | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | High Cholesterol / Triglycerides | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Sinus & Allergy Problems | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Backaches | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Joint Stiffness | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Water Retention | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Menstrual Cramps / PMS | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Hot Flashes | <input type="checkbox"/> | <input type="checkbox"/> |

Did you check four or more symptoms?

Consider talking with the person who invited you for some targeted solutions that may help!