

Quality of Life Tracking Chart

On a scale from 1-10 (1 being the worst and 10 being the best) place the number that best describes your quality of life for each item in the left-hand column under each week to see what items improve as you continue to take GSH+.

Quality of Life	Day	Week									
Level 1-10	1	1	2	3	4	5	6	7	8	9	10
How good are your energy levels?											
If you have pain, what would the level be?											
How strong is your sense of overall well-being?											
How good is your physical endurance?											
How good is your recovery from heavy exercise?											
How strong is your mental clarity?											
How are your toxicity levels?											
How good is your eyesight?											
How good is your skin condition?											
Do you sleep deeply all night without waking?											
Do you waken refreshed and alert in the morning?											
Other:											
Other:											
Other:											
Other:											

Other:						
Other:						