Dr. Wallach's **90+4 Healthy Body Challenge**

SELF EVALUATION

Rate Yourself: The higher the score, the more likely you have a problem in this category.

0 Never — **1** Rarely — **2** Occasionally — **3** Often — **4** Almost always — **5** Severe

Category 1 Hard Tissue – Do you have:

	Start Time	30 days	90 days	6 months
A Knee, Shoulder, Joint Pain				
B Back Pain, Neck Pain				
C Stiff shoulders, Headaches				
D Numbness, foot/arm fall asleep				
E Trouble getting to sleep				
F Bleeding gums, cavities				
G Kidney stones, bone spurs				
H High or low blood pressure	:	:	:	:
Totals ▶				

▶ If you take medication for any of the following, how much do you take?

	Start Time	30 days	90 days	6 months
I Pain Killers for any of the above				
J Blood Pressure Medication				

Category 2 Soft Tissue – Do you have:

	Start Time	30 days	90 days	6 months
A Dry Skin, dry cuticles				
B Skin allergies				
C Cracks on your heels				
D Forget things you go to get				
E Can't remember a specific word				
F Trouble breathing				
G Cough, dry throat				
H Tiredness, Kidney problems				
I Eye or eyesight problems (Cataracts, Macular Degeneration, Glaucoma, etc)				
J Age spots, blemishes				
K Gray hair, wrinkles, hemorrhoids, varicose veins				
Totals ▶				

▶ If you take medication for any of the following, how much do you take?

	Start Time	30 days	90 days	6 months
L Pain Killers for any of the above				
M Cholesterol medication*				
N Blood Thinners				
O Medication for hormones				
P Fibromyalgia, MS medication,				
Q Alzheimer, ALS, Parkinson meds				
R Diuretics				

90 Essential Nutrients

Category 3 Blood Sugar Issues – Do you have:

	Start Time	30 days	90 days	6 months
A Cravings for sugar, sweets				
B Get sleepy after meals				
C Excessive thirst or sweating				
D Wake up during the night				
E Mood swings/depression				
Totals ▶				

▶ If you take medication for any of the following, how much do you take?

	Start Time	30 days	90 days	6 months
E Blood Sugar medication				
F Mood swings/depression medication				
G ADD, ADHD, Autism medication				

Category 4 Digestion – Do you have:

	Start Time	30 days	90 days	6 months
A Heart burn/ acid reflux				
B Stomach/intestinal pain				
C Bloating/ gas				
D Feel better when you don't eat				
E Food Allergies				
F Seasonal Allergies				
G Constipation or Diarrhea				
H Immune system problems				
Totals ▶				

▶ If you take medication for any of the following, how much do you take?

	Start Time	30 days	90 days	6 months
I Ant-acids, stomach acid meds*				
J Fiber/medication for constipation				
K Medications for Crohn's Disease				
L Immune system medication				

* *Dr. Wallach recommends never using these two types of medication.*

Is there anything else you would like to improve about your health?

- ☐ More energy
- ☐ Lose weight - If so how much _____
- ☐ More energy and/or endurance while exercising or playing sports
- ☐ Heart disease prevention
- ☐ Anti-Aging/Cancer prevention

☐ ***Yes, I would like more information about how to prevent or reverse the above conditions.***