Your Personal Health and Fitness Check

Last Name: _____ First Name: _____

Street: _____ City and Zip: _____

Age: _____ Phone: _____

	Yes	No
Do you have problems with stomach, bowels, or digestion?	❒	❒
Are there certain foods that you cannot eat?	❒	❒
Are you prone to bad skin?	❒	❒
Are you susceptible to colds and infections?	❒	❒
Are you regularly troubled by allergies such as hay fever?	❒	❒
Do you often feel tired and exhausted?	❒	❒
Is it difficult for you to concentrate over a longer period of time?	❒	❒
Do you often suffer from headaches and/or migraines?	❒	❒
Do you sometimes feel depressed without any reason?	❒	❒
Are you nervous and irritable from time to time?	❒	❒
Do you have trouble falling asleep?	❒	❒
Do you sometime wake up not feeling rested?	❒	❒
Do you often have muscle cramps or stiff joints?	❒	❒
Do you often feel stressed?	❒	❒
Are you unhappy with your skin, hair and nails?	❒	❒
Are you over 40 years of age?	❒	❒
Do you drink alcohol regularly (3 days per week or more)?	❒	❒
Do you have to take medications regularly?	❒	❒

“Nine-tenths of our happiness is based on our health alone”

(A. Schopenhauer, 1788-1860)

	Yes	No
Do you smoke?	❒	❒
Do you drink more than 1 liter (34 fl. oz.) of coffee or black tea per day?	❒	❒
Do you eat less than 5 portions of fresh fruits, vegetables and salads each day?	❒	❒
Do you drink less than 2 liters (68 fl. oz.) of clear, calorie-free liquids per day (do not count coffee, tea, alcohol, milk, Coke)?	❒	❒
Do you often eat ready-to-serve meals, fast-food or in a cafeteria?	❒	❒
Do you like to spend time in the sun or a tanning salon?	❒	❒
Have you already heard about “Free Radicals”?	❒	❒
Do you often diet?	❒	❒
Are you content with your weight?	❒	❒
Do you know your body mass index or your body fat percentage?	❒	❒
Do you know your fat burning range?	❒	❒
Do you exercise regularly?	❒	❒

What are the 3 most important things in your life?

❒ Money ❒ Family ❒ Health ❒ Job ❒ Holiday ❒ Leisure Time

❒ Friends ❒ Other

How much is your health worth to you a day? ❒ $3 ❒ $4 ❒ $5 ❒ or more per day

	Yes	No
If you could positively influence your health and feel better overall, would you use the opportunity to do so?	❒	❒

Experience Results.

FitLine®