



BODY INVENTORY CHART

Feel and Look Better
Transform your life.

- Please read the usage guides relevant to the product(s) you are consuming, to ensure you are using them correctly.
- Take before / during / after photos of your face and / or any other part(s) of your body you intend to monitor.
- Score whatever applies to you from 1-10 (1=very bad, 10=very good)
- Feel free to email a copy of your results to contact@feelbetter.club. Your results are kept anonymous.

Product(s) Used: _____

Start Date: ___/___/___ Gender: M / F Age: ___

Start Day (circle): Mo Tu We Th Fr Sa Su
(Try to fill in the sheet on the same day each week)

	START	WK1	WK2	WK3	WK4	WK5	WK6	WK7	WK8	WK9	WK10	WK11	WK12
1	OVERALL SENSE OF WELLBEING												
3	SLEEP QUALITY												
2	WAKING UP STATE												
4	ENERGY LEVEL												
5	EMOTIONAL STATE												
6	MENTAL FOCUS												
7	ENDURANCE												
8	MUSCLE COMFORT												
9	JOINT COMFORT												
10	EXERCISE RECOVERY												
11	HEALING RESPONSES (INJURIES, CUTS, BURNS, BRUISES, ETC)												
12	SKIN ISSUE												
13	HORMONAL STATE (PMS, ETC)												
14	OTHER ISSUE 1 ()												
15	OTHER ISSUE 2 ()												
16	OTHER ISSUE 3 ()												
17	OTHER ISSUE 4 ()												