14 DAY TRANSFORMATION

Karen Malkin Health Counseling

Take the Health Quiz

Complete this questionnaire **before Day 1** of your 14 Day Transformation and again at the end of the cleanse to assess the status of your body's toxicitiy, based on the symptoms you are experiencing.

This comparison will help you determine the success of your Transformation and notice any changes that take place.

Check all that apply based on your experience for the past 60 days. Do you struggle with any of the following conditions?

- ☐ Sugar cravings
- ☐ Low or inconsistent energy
- ☐ Fatigue
- ☐ Constipation
- ☐ Difficulty sleeping
- ☐ Caffeine addiction
- ☐ Bloating or gas
- ☐ Constipation
- ☐ Reflux or heartburn
- ☐ Irritable bowel
- ☐ Difficulty losing weight
- ☐ Binge eating or drinking
- ☐ Fluid retention
- ☐ Stuffy or runny nose, itchy nose or eyes
- ☐ Asthma, allergies or wheezing
- ☐ Migraines or headaches
- ☐ Low mood, mood swings
- ☐ Anxiety
- ☐ Difficulty with concentration
- ☐ Distractibility
- ☐ Skin problems, such as acne, rosacea, eczema, or rashes
- ☐ Join problems or pain
- ☐ Muscle aches

Total checked:

Today's date: