

Health Assessment Baseline Checklist

Complete one copy of this Health Assessment, noting any health challenges you currently experience. After 30 days of consistently making daily health deposits with whole organic foods clean filtered water, use of essential oils, and whole-food supplements (like Masaji), complete another Health Baseline and compare the results. Thereafter, mark your calendar at 30-day intervals, completing a new Health Assessment each time, always comparing the progress.

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| <input type="checkbox"/> Acid reflux | <input type="checkbox"/> Canker sores | <input type="checkbox"/> Gingivitis |
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Cardiac (heart disease) | <input type="checkbox"/> Glaucoma |
| <input type="checkbox"/> Addictions – type _____ | <input type="checkbox"/> Cardiomyopathy | <input type="checkbox"/> Goiter |
| <input type="checkbox"/> Age spots | <input type="checkbox"/> Cardiovascular disease/stroke | <input type="checkbox"/> Gout |
| <input type="checkbox"/> AIDS | <input type="checkbox"/> Carpal tunnel syndrome | |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Cataracts | |
| <input type="checkbox"/> ALS (Lou Gehrig's disease) | <input type="checkbox"/> Cholesterol, elevated | <input type="checkbox"/> Hair loss (patchy) |
| <input type="checkbox"/> Alzheimer's | <input type="checkbox"/> Chronic Fatigue Syndrome | <input type="checkbox"/> Hair texture (limp/lifeless) |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Circulation, poor (cold hands and feet) | <input type="checkbox"/> Halitosis (bad breath) |
| <input type="checkbox"/> Angina (Pectoris) | <input type="checkbox"/> Cirrhosis (cold/heat intolerance) | <input type="checkbox"/> Headaches |
| <input type="checkbox"/> Anorexia | <input type="checkbox"/> Cold sores, mouth ulcers | <input type="checkbox"/> Hearing loss |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Colds, frequent | <input type="checkbox"/> Heart attack |
| <input type="checkbox"/> Appetite, poor | <input type="checkbox"/> Colic | <input type="checkbox"/> Heartburn |
| <input type="checkbox"/> Arteriosclerosis | <input type="checkbox"/> Colitis | <input type="checkbox"/> Heart palpitations |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Constipation | <input type="checkbox"/> Heart problems |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Convulsions | <input type="checkbox"/> Hemorrhoids |
| <input type="checkbox"/> Atherosclerosis (hardening of arteries) | <input type="checkbox"/> Corneal ulcers | <input type="checkbox"/> Hepatitis/liver disease |
| <input type="checkbox"/> Athlete's foot | <input type="checkbox"/> Coronary (blood vessel disease) | <input type="checkbox"/> Hiatal hernia |
| | <input type="checkbox"/> Cough, chronic | <input type="checkbox"/> Highly emotional |
| <input type="checkbox"/> Back pain | <input type="checkbox"/> Cravings | <input type="checkbox"/> Hip pain |
| <input type="checkbox"/> Bell's Palsy | <input type="checkbox"/> Crohn's disease | <input type="checkbox"/> Hot flashes |
| <input type="checkbox"/> Blood clots | <input type="checkbox"/> Cystic fibrosis | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Blood pressure – high | | <input type="checkbox"/> Hypoglycemia |
| <input type="checkbox"/> Blood pressure – low | <input type="checkbox"/> Depression | <input type="checkbox"/> Impetigo |
| <input type="checkbox"/> Body odors | <input type="checkbox"/> Dermatitis | <input type="checkbox"/> Impotence |
| <input type="checkbox"/> Boils | <input type="checkbox"/> Diabetes – Type II | <input type="checkbox"/> Indigestion |
| <input type="checkbox"/> Breast cysts, pain | <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Infections, fungal/viral |
| <input type="checkbox"/> Breathing problems | <input type="checkbox"/> Diverticulitis | <input type="checkbox"/> Infertility |
| <input type="checkbox"/> Bronchitis, chronic | <input type="checkbox"/> Dizziness | <input type="checkbox"/> Injury recovery, poor/slow |
| <input type="checkbox"/> Bruises easily | | <input type="checkbox"/> Insomnia, sleeping problems |
| <input type="checkbox"/> Bruxism (teeth grinding, clenching) | <input type="checkbox"/> Ear infections, frequent | <input type="checkbox"/> Irregular heartbeat |
| <input type="checkbox"/> Bursitis | <input type="checkbox"/> Ears, ringing | <input type="checkbox"/> Irritability |
| | <input type="checkbox"/> Eczema | <input type="checkbox"/> Irritable Bowel Syndrome |
| <input type="checkbox"/> Cancer (type _____) | <input type="checkbox"/> Edema | <input type="checkbox"/> Itching |
| | <input type="checkbox"/> Emphysema | <input type="checkbox"/> Jaundice |
| | <input type="checkbox"/> Energy, lack of | <input type="checkbox"/> Joints, ache/stiff |
| | <input type="checkbox"/> Epstein-Barr | <input type="checkbox"/> Kidney stones/problems |
| | <input type="checkbox"/> Exhaustion | <input type="checkbox"/> Knee pain |
| | <input type="checkbox"/> Eye infections, frequent | |
| | <input type="checkbox"/> Face, puffy | <input type="checkbox"/> Leukemia |
| | | <input type="checkbox"/> Libido, lack of (low sex drive) |
| | <input type="checkbox"/> Fatigue | <input type="checkbox"/> Lupus |
| | <input type="checkbox"/> Fever blisters | |
| | <input type="checkbox"/> Fingernails, (cracked/peeling) | <input type="checkbox"/> Macular degeneration |
| | <input type="checkbox"/> Fibrocystic disease | <input type="checkbox"/> Memory, poor |
| | <input type="checkbox"/> Fibromyalgia | <input type="checkbox"/> Migraines |
| | <input type="checkbox"/> Flatulence | <input type="checkbox"/> Morning sickness |
| | <input type="checkbox"/> Flu, frequent | |

- Multiple Sclerosis
- Muscle pain, soreness, or weakness
- Muscle spasms
- Muscular Dystrophy
- Nasal congestion, frequent
- Nasal drip, constant
- Nausea, frequent
- Nervousness
- Neurological disease
- Neuromuscular problems
- Night blindness
- Nightmares
- Nightmares
- Obesity
- Osteoarthritis
- Osteoporosis
- Paget's disease
- Parkinson's disease
- Periodontal disease
- PMS
- Pneumonia
- Prostate problems
- Psoriasis

- Strokes
- Sty's
- Sweating, excessive
- TMJ
- Tooth decay, excessive
- Tremors
- Tuberculosis
- Tumors
- Ulcers
- Urinary tract infections
- Urination, frequent
- Varicose veins
- Vertigo
- Vision, diminishing clarity
- Vitality, lack of
- Warts
- Wound healing, slow
- Yeast infections, frequent

Name: _____

Date: _____

- Reyes Syndrome
- Restless Leg Syndrome
- Restlessness
- Rheumatism
- Rheumatoid arthritis

- Scoliosis
- Seizures
- Shingles
- Sickle Cell Anemia
- Sinus infection, frequent
- Skin:
- Acne/blackheads
- Blotchy
- Cracked/dry/peeling
- Cuts heal slowly
- Little bumps on
- Oily
- Premature aging
- Rashes
- Thin/no pallor
- Wrinkles, excessive
- Sleepiness after meals
- Extreme
- Sluggish/Tired
- Sore throats, frequent
- Stamina, lack of
- Stress/Tension