PEERtrainer™ 14 DAY FRESHstart CLEANSE

Rating Your Symptoms Quiz/Goals – Post Program

NAME:_____ DATE:_____

Do you consistently struggle with these symptoms?

Answer Yes or No. If you have noticed an improvement in your symptom from your first quiz to now please mark "improvement"

1.	Energy Levels	❒ YES	❒ NO	❒ IMPROVEMENT
2.	Sugar and carb cravings	❒ YES	❒ NO	❒ IMPROVEMENT
3.	Sleep quality	❒ YES	❒ NO	❒ IMPROVEMENT
4.	Bowel movement regularity	❒ YES	❒ NO	❒ IMPROVEMENT
5.	Mood	❒ YES	❒ NO	❒ IMPROVEMENT
6.	Productivity	❒ YES	❒ NO	❒ IMPROVEMENT
7.	Clarity of thought	❒ YES	❒ NO	❒ IMPROVEMENT
8.	Hunger	❒ YES	❒ NO	❒ IMPROVEMENT
9.	Motivation	❒ YES	❒ NO	❒ IMPROVEMENT
10.	Skin-acne, rashes, rosacea	❒ YES	❒ NO	❒ IMPROVEMENT
11.	Gas, bloating, gut issues	❒ YES	❒ NO	❒ IMPROVEMENT
12.	Sensitivity to smell	❒ YES	❒ NO	❒ IMPROVEMENT
13.	Joint pain	❒ YES	❒ NO	❒ IMPROVEMENT
14.	Headaches	❒ YES	❒ NO	❒ IMPROVEMENT
15.	Difficulty losing weight	❒ YES	❒ NO	❒ IMPROVEMENT

What are Your Top 3 Health Goals going forward into daily detoxification:

1. _____
2. _____
3. _____