

# Personal Wellness Record

**Name**

**DOB**

**Start date:**

Height cm:

Weight kg:

Waist cm:

Hip cm:

Resting Pulse BPM:

How to Record: This is mostly subjective. "Normal for you", whatever that is scores 10.

Then you can score up or down from 10 as you choose, meaning better or worse.

	<b>Now</b>	<b>14 Days</b>	<b>28 Days</b>	<b>2 Mths</b>	<b>3 Mths</b>	<b>4 Mths</b>	<b>5 Mths</b>	<b>6 Mths</b>
Energy Level								
Walking								
Aerobic Exercise								
Feeling of Wellness								
Sleep Pattern (night)								
Sleep Pattern (day)								
Appetite								
Absence of Cravings								
Bowel Movements								
Quality of Stool (Firm)								
Urine Elimination								
Circulation hands/feet								
Veins – No Soreness								
Indigestion (None?)								
Short Term Memory								
Alertness								
Joint Pain Hands								
Joint Pain knee/hip								
Backache Lower Back								
Eyesight -								
Absence of Sickness								
No Muscle Cramps								
Skin Condition								
Hair Condition								
Yeast/Fungus disorder								
Balance								
Weight kg:								
Hip cm:								
Waist cm:								

Make notes on the back of this form of other things you notice.

Take some close-up photographs. (Face, hands, ears, ankles, upper arm etc.) Control the lighting.

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