

Enjoy Your Health™ 24 hours after acute-illness guidelines

Fever? _____ Sleep? _____ Appetite? _____ Energy level 1-10; 10 is highest Activity desired? _____

If had particular symptoms like cough, achiness, runny nose, diarrhea, Report are these symptoms: less frequent, **same**, more frequent? ____ If less frequent, how much less? _____ Rate with number 1-10 or by % better/worse

Overall energy 0-10 compared to yesterday? _____

Enjoy Your Health™ 24-48 hour after dosing with your RSB (Remedy Stock Bottle)

Tell How you dosed? Did you remember to record your dose on your Remedy Log? Say how you look and feel.

Say what changed after you took the remedy? i.e. What did you feel? How are your feelings and mood now?

Questions to evaluate yourself:

How are things?

What do you feel is altered?

What if you did notice, is especially is better, worse, or the same?

What happened to your main symptoms?

Did you have a new symptom, or did you experience anything you never have before?

Did you have the reappearance of a symptom you had in the past? Were there discharges? (i.e. from eyes, ears, nose, mouth, throat, lungs, stomach, bowels, rectum, vagina, penis, skin: rash, heat/chill/shivers/sweat.) Such discharges are healing to the body. Please call before medicating them with other medicaments.

Pain: What is your Pain now on a 0-10 scale? What have you done? Did you medicate?

How was your sleep? Better? Worse? Same? How so? What happened during the night?

Any dreams to report? Was there an obvious theme? What else can you report about anything else?

I sign signifying that I have read and will use this sheet when I "phone report" 1-3 days after dosing with my recommended remedy. Name _____ Date _____

Call 269-231-0008; if I don't happen to answer your call just then, leave a message and I will do my best to call you back within 24 hours. Thank You.