

24 hours after an acute-illness Report by phone 269-624-2993:

Fever? _____ Sleep quality ? _____ Appetite changes? _____ Activity changes (0-10 rate activity) _____

What happened to your main symptoms: i.e. cough, achiness, runny nose, diarrhea: Talk about frequency:

Is it 10% 50% 100% frequent or what? _____ Rate your energy 0-10 compared to yesterday?

Enjoy Your Health™ After your very first Dose of remedy 269-624-2993

Gather your notes and your dosing log. 1. Say how you took your liquid remedy? a. the # of times you succussed it; b. the x amount from my Remedy Stock Bottle c. the x amount you put your remedy liquid into; d. the amount x you took by mouth. Did you remember to record it? Write it down.

2. Look at yourself; Share how you look and share what you feel like too.

3. Say what happened to your main symptoms after the remedy? What did you notice? How have you changed? What is your energy level now compared to before? May use a % or number from 0 to 10.

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

5. Did you have the reappearance of a former or old symptom you have had in the past? (old symptoms return to be gently passed away)

6. Were there noticeable physical discharges from any parts of your body? (i.e. from eyes, ears, nose, mouth, throat, lungs, stomach, bowels, rectum, vagina, penis, skin: rash, heat/chill/shivers/sweat.)

8. How are things in emotionally? Your mood & will-power ?

9. How do I feel I am functioning mentally, then after 10 days?

To think about: What is especially is better, worse, or the same?

Rate your Pain: use 0-10 for intensity; report any changes in location, sensation or overall feeling.

Sleep? Better? Worse? Same? Give details.

Any dreams to report? Was there an obvious theme?

What else do you feel you should report?

Please leave a message if I can't answer your call. 269-624-2993