

My New Approach

BREATHE · NOURISH · MOVE

BEFORE

Day 1 · 30-Day Program

The goal of this program is to **establish a new baseline in 30 days** — to show you what your body has the potential to feel and operate at when given the right conditions every single day. Complete this honestly before you begin. Your answers here are your starting point.

PARTICIPANT INFORMATION

NAME

DATE

AGE

OCCUPATION

RATE EACH AREA — CIRCLE 1 TO 10

●1 = Very Poor ●10 = Excellent

Energy levels throughout the day

1 2 3 4 5 6 7 8 9 10

Sleep quality — ease of falling asleep and waking rested

1 2 3 4 5 6 7 8 9 10

Mental clarity and focus

1 2 3 4 5 6 7 8 9 10

Mood and emotional balance

1 2 3 4 5 6 7 8 9 10

Physical wellbeing and digestion

1 2 3 4 5 6 7 8 9 10

Stress levels — lower score means higher stress

1 2 3 4 5 6 7 8 9 10

Motivation and sense of purpose

1 2 3 4 5 6 7 8 9 10

Relationship with food — satisfaction, cravings, control

1 2 3 4 5 6 7 8 9 10

Connection to nature and the outdoors

1 2 3 4 5 6 7 8 9 10

Overall quality of life

1 2 3 4 5 6 7 8 9 10

— IN YOUR OWN WORDS —

What does a typical day look and feel like for you right now?

Describe how you feel mentally and emotionally today

Describe how you feel physically today

What do you thoroughly enjoy or love to do with your time?

What is the most difficult part of your day?

Complete this on Day 1 before beginning. Keep a copy for your records.

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AFTER

Day 30 · 30-Day Program

You have completed 30 days. **Your body has established a new baseline.** Answer each question as honestly as you did on Day 1. The difference in your answers tells the whole story.

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Overall quality of life

1 2 3 4 5 6 7 8 9 10

— IN YOUR OWN WORDS —

What does a typical day look and feel like for you right now?

Describe how you feel mentally and emotionally today

Describe how you feel physically today

What do you thoroughly enjoy or love to do with your time? AFTER ONLY

What is the most difficult part of your day now? AFTER ONLY

What was hardest? What was easiest? AFTER ONLY

What surprised you most? AFTER ONLY

Did you try any enhancement add-ons? If yes — which ones, and what did you notice?

AFTER ONLY

How do you feel compared to 30 days ago? AFTER ONLY

Complete this on Day 30 after finishing the program. Thank you for participating.

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