

Name: _____ Age: _____ Start Date: _____ Report Date: _____

Last Two Weeks Before Vitality	Two Weeks on Vitality	Four Weeks on Vitality
<p>ENERGY</p> <p>_____ What's your energy level? (1-10)</p> <p>_____ Do you use energy drinks / coffee?</p> <p>_____ How many per day?</p> <p>_____ Do you have a lull during the day?</p> <p>_____ What time is the lull?</p> <p>_____ How long does it last?</p>	<p>ENERGY</p> <p>_____ What's your energy level? (1-10)</p> <p>_____ Do you use energy drinks / coffee?</p> <p>_____ How many per day?</p> <p>_____ Do you have a lull during the day?</p> <p>_____ What time is the lull?</p> <p>_____ How long does it last?</p>	<p>ENERGY</p> <p>_____ What's your energy level? (1-10)</p> <p>_____ Do you use energy drinks / coffee?</p> <p>_____ How many per day?</p> <p>_____ Do you have a lull during the day?</p> <p>_____ What time is the lull?</p> <p>_____ How long does it last?</p>

<p>SLEEP</p> <p>_____ How do you sleep? (Bad, OK, Good, Great)</p> <p>_____ How long to fall asleep?</p> <p>_____ How do you feel upon waking?</p>	<p>SLEEP</p> <p>_____ How do you sleep? (Bad, OK, Good, Great)</p> <p>_____ How long to fall asleep?</p> <p>_____ How do you feel upon waking?</p>	<p>SLEEP</p> <p>_____ How do you sleep? (Bad, OK, Good, Great)</p> <p>_____ How long to fall asleep?</p> <p>_____ How do you feel upon waking?</p>
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<p>MENTAL ACUITY</p> <p>_____ How is your mental clarity?</p> <p>_____ Memory?</p> <p>_____ Focus?</p> <p>_____ Problem Solving?</p>	<p>MENTAL ACUITY</p> <p>_____ How is your mental clarity?</p> <p>_____ Memory?</p> <p>_____ Focus?</p> <p>_____ Problem Solving?</p>	<p>MENTAL ACUITY</p> <p>_____ How is your mental clarity?</p> <p>_____ Memory?</p> <p>_____ Focus?</p> <p>_____ Problem Solving?</p>
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<p>PHYSICAL Aches, limitations, stiffness:</p> <p>_____</p> <p>_____</p> <p>EXERCISE:</p> <p>_____</p> <p>_____</p> <p>SCANNER SCORE: _____</p> <p>SEXUAL DESIRE: _____ 1 (No desire) – 10 (healthy interest)</p>	<p>PHYSICAL Aches, limitations, stiffness:</p> <p>_____</p> <p>_____</p> <p>EXERCISE:</p> <p>_____</p> <p>_____</p> <p>SCANNER SCORE: _____</p> <p>SEXUAL DESIRE: _____ 1 (No desire) – 10 (healthy interest)</p>	<p>PHYSICAL Aches, limitations, stiffness:</p> <p>_____</p> <p>_____</p> <p>EXERCISE:</p> <p>_____</p> <p>_____</p> <p>SCANNER SCORE: _____</p> <p>SEXUAL DESIRE: _____ 1 (No desire) – 10 (healthy interest)</p>
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Are you willing to take the recommended dose every day? _____ Yes _____ No
 Are you taking one of the Pharmanex LifePak products? _____ Yes _____ No