FUTURE BODY SCIENCES, INC.

Health Pillars Data Sheet Name_____

Answer Each Question Truthfully Every Day For 90 Days.

1. I Woke Up Today: A) *Refreshed* **B)** *Physically Exhausted* **C)** *In Pain* **D)** *Mentally Exhausted*
(Put your answer in the appropriate box starting top left, and working right, proceeding to the next row when needed. You can do more than one letter per day.)

2. I stayed On My Food Goals: _____% Today
(Put your answer in the appropriate box starting top left, and working right, proceeding to the next row when needed. Fill in one box per day.)

3. I drank 1/2 oz. of water per pound of my weight today. (Y)_____oz. (N)_____oz. Put a **Y** or **N** and # of ounces drank.
(Put your answer in the appropriate box starting top left, and working right, proceeding to the next row when needed. Fill in one box per day.)

4. I Had _____ Bowel Movements Today.
(Put your answer in the appropriate box starting top left, and working right, proceeding to the next row when needed. Fill in one box per day.)

5. I Urinated _____ Times Today. Yellow or Clean. Put a **Y** or **C** as well as number of times.
(Put your answer in the appropriate box starting top left, and working right, proceeding to the next row when needed. Fill in one box per day.)

6. My Physical Stress was (1) Really good - (10) Really Bad Put any number between **1** and **10**
(Put your answer in the appropriate box starting top left, and working right, proceeding to the next row when needed. Fill in one box per day.)

7. My Mental Stress or Thought Load Was (1) Really good - (10) Really Bad Put any number between **1** and **10**
(Put your answer in the appropriate box starting top left, and working right, proceeding to the next row when needed. One box per day.)

8. My Emotional Stress Was (1) Really good - (10) Really Bad Put any number between **1** and **10**
(Put your answer in the appropriate box starting top left, and working right, proceeding to the next row when needed. One box per day.)

9. My Financial Stress Was (1) Really good - (10) Really Bad Put any number between **1** and **10**
(Put your answer in the appropriate box starting top left, and working right, proceeding to the next row when needed. One box per day.)

10. I Was Able To Go To Sleep With (1) Ease - (10) Couldn't Sleep Put any number between **1** and **10**
(Put your answer in the appropriate box starting top left, and working right, proceeding to the next row when needed. One box per day.)

11. I Fell Asleep With Ease, But Woke Up _____ Times During The Night. (Put an **N** if you couldn't sleep)
(Put your answer in the appropriate box starting top left, and working right, proceeding to the next row when needed. One box per day.)

12. I Took My Nutrition _____% Today.
(Put your answer in the appropriate box starting top left, and working right, proceeding to the next row when needed. One box per day.)

13. I Exercised For _____ Minutes Today.
(Put your answer in the appropriate box starting top left, and working right, proceeding to the next row when needed. One box per day.)