

# Naturezymes Whole Body Recovery System

## Lifestyle Checklist

<b>Name</b>		<b>Phone</b>		<b>Email</b>	<b>@</b>
<b>Gender</b>		<b>Height</b>		<b>Weight</b>	

※ Do you agree to provide your name and contact information? Yes , No

※ The above personal information will not be disclosed to anyone other than the consultant.

<p><b>1. Are you lengthening your breathing?</b>          ① All the time    ② Most of the time    ③ Sometimes    ④ Never</p>
<p><b>2-1. How much water do you drink per day (150ml)?</b> ( _____ )cup  <b>2-2. Urine status</b> ( _____ )</p>
<p><b>3. How long are you in the sun?</b>          ① 30 mins    ② 30mins ~ 1hr    ③ More than 1 hr    ④ More than 2 hrs</p>
<p><b>4. ① Midnight snacking</b> _____ <b>times per week</b> ,    <b>② Snacking</b> _____ <b>times per day.</b>  <b>③ Meat consumption</b> _____ <b>times per week</b> ,  <b>④ Instant/fast food intake</b> _____ <b>times per week.</b>  <b>⑤ Stool status</b> ( _____ )</p>
<p><b>5. Do you exercise 3-4 times a week for more than 1 hr?</b>          ① Yes    ② No</p>
<p><b>6-1. What time do you sleep until?</b>          ① 9-10AM    ② 10-11AM    ③ 11AM-12PM    ④ 12PM    ⑤ Irregular sleeping habits  <b>6-2. How long do you sleep?</b> _____ <b>hrs a night</b></p>
<p><b>7. Please indicate how often you consume the following, if any:</b>          ① Alcohol _____ <b>times per week</b>    ② Smoking _____ <b>per day</b>    ③ Coffee _____ <b>cups per day</b>          ④ Medications taken ( _____ )<b>type</b> ( _____ )<b>capsules</b></p>
<p><b>8. Do you often find yourself angry or anxious?</b>          ① All the time    ② Sometimes    ③ Never</p>
<p><b>9. Are your hands, feet, and lower stomach often cold?</b>          ① Yes    ② Sometimes    ③ Never</p>
<p><b>10. Are you often constipated or have diarrhea?</b> ( _____ )          ① Yes    ② Sometimes    ③ Never</p>
<p>&lt; Remarks &gt;</p>