PERSONAL HEALTH ASSESSMENT [PHA]

Please enter your FIRST NAME + SURNAME →

This PHA is designed to elevate your awareness, bringing consciousness into the behaviours that impact your ongoing state of health with pinpoint precision. The process of considering and answering each section IS the tool for doing this. Get used to this, as it is CRUCIAL to you first attaining and then maintaining long-term sustainable health.

Evaluating and assessing your health in detail can be confronting, overwhelming as well as both exhilarating AND deflating. However, it is important to always see this DEEP DIVE into your health as a POSITIVE experience, as it introduces you to a level of self-care you have likely never experienced before. While we do NOT encourage you to equate yourself or your body with a machine, think for a moment here of the benefits of having your car regularly serviced. Doing that allows you to determine what needs attention, rather than ignoring the symptoms that may become a serious problem if ignored, or worse… something that is too late to be remedied.

This practice of regular, thorough and detailed self-assessments (aka, "self-check-ins") is designed to keep your health in the forefront, as your priority. It represents an unparalleled opportunity to assess for yourself whether your wellbeing is improving or declining into areas of neglect. These insights provide the diagnostic input and motivation for timely, targeted action using your GRP toolkit.

The GRP uses a crucial baseline of anthropometric measures… Waist to Height Ratio, Body Mass Index, Waist Circumference, Middle Upper Arm Circumference (MUAC), Waist-Hip-Ratio and other measurements, along with QUANTITATIVE (i.e., RATINGS) and QUALITATIVE data (i.e., DESCRIPTION/EXPLANATION) as part of your toolkit to strategically assess the state of your Microbiome's health – which is also your health.

We HIGHLY recommend you take photos (front, side and back profile) to see the visual changes as your health improves, both for your own personal records and so you can see for yourself your own transformation as you take charge of your own health.

INSTRUCTIONS… Please read slowly and carefully

- **ELECTRONIC VERSION:** Download the free Adobe Reader app on your computer or device (without it the forms WILL NOT WORK). Then open this form again in the app to fill in, manage and save your data. Use the drop-down 'Ratings' menus and type your responses into each of the coloured boxes you'll see in each row when it comes time to record your data there.
- **HAND-WRITTEN VERSION:** If you prefer to do so, please download and print the hand-written version of this document, to fill it in by hand. **HOW TO FILL IN…** Read through the ENTIRE document first, then starting from the measurement

RATING (Quantitative data) **INSTRUCTIONS…**

- Use the drop-down menu provided to select a rating in each section where used.

DESCRIPTION/EXPLANATION (Qualitative data) **INSTRUCTIONS …**

- Avoid one-word OR short phrases. Be REALLY specific with your description/explanation. Give yourself the benefit of the time you deserve to deep dive and really feel and describe your experience.
- You are describing/explaining your condition NOW. NOT what it used to be, nor what you want it to be. It is NOT a medical history. You are writing about what you're experiencing in EVERY area at the moment, NOT JUST filling in what is happening on the day you fill it in.
- When you update your PHA, please use these EXACT SAME instructions herein. Do NOT use general statements e.g., "Improved significantly" or "Same as above" or "less than before" "no change" "as before" etc. Take this opportunity to REALLY reflect and investigate EVERY aspect of your health and take this opportunity to deeply engage with and gauge where your health is at.

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EXAMPLE of how your ratings, descriptions/explanations may look…

0 = Always (100% of the time)	**1** = Often (90% of the time)	**2** = Usually (70% of the time)	**3** = Sometimes (50% of the time)	**4** = Hardly ever (10% of the time)	**5** = Never (0%)

BODY… ACHES, PAINS OR SPASMS	**RATING**	**DESCRIPTION/EXPLANATION**
START	0	I get lower back pain just above the buttocks on both sides every day. On waking I have moderate (5 out of 10) pain, and it's difficult to stand straight and get moving. By late afternoon, the pain becomes more intense. I am unable to do many activities I use to enjoy like hiking. Mentally, it is fatiguing & I get sad as it is omnipresent.
ESTABLISHMENT END	3	I have lower back pain only when I allow stress to get to me, a couple of times this month. When I experience it, it is a very mild ache that is resolved with Yin Yoga stretches, ginger tea etc. It doesn't stop me from doing any activities. I now see this 'pain' my body gently telling me what I need to be aware of.
GROWTH END	4	I experienced lower back pain just once. I can now move with ease. I can clearly see this happens when I allow myself to be lower on my ME totem pole. Going back to pleasing others first instead of myself.

Your PHA begins on the NEXT PAGE…

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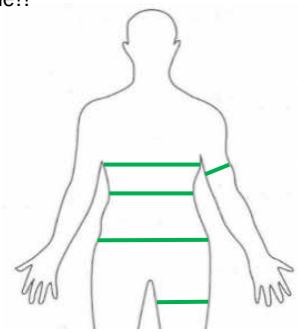
MEASUREMENTS... Measure and weigh yourself at the same time of day, wearing no clothing using a stretch-resistant tape and the same set of scales.

- **Height:** You'll only be doing this once. Please have someone measure for you, do NOT estimate.
- **Weight:** Weigh yourself at the same time of day, with the same scales, wearing no clothes. ONLY weigh yourself at the END of a Phase and NO other time!!
- **Chest**: Measure around the largest part of your chest (breasts) with the tape across nipples.
- **Waist**: Measure approximately one inch above your belly button or at the narrowest part of your waist.
- **Hips:** Measure around the largest part of your buttocks with your heels together.
- **WHtR:** To calculate your WHtR, *right click* HERE and select 'Open Hyperlink' to open link. Calculate your WHtR as instructed.
- **BMI:** To calculate your BMI, *right click* HERE and select 'Open Hyperlink' to open link. Calculate your BMI as instructed.
- **Right Bicep**: (MUAC) Measure your right bicep (not left) midway between the top of your shoulder and elbow.
- **Left and Right Thigh**: Stand with your legs slightly apart, measure your upper thigh where the circumference is largest.



ENTER PHASE	ENTER DATE	Height	Weight	Chest	Waist	Hips	WHtR	BMI	R. Bicep	L. Thigh	R. Thigh
START	dd/mm/yyyy										
ESTABLISHMENT END	dd/mm/yyyy										
GROWTH END	dd/mm/yyyy										
Self-Check-in	dd/mm/yyyy										
Self-Check-in	dd/mm/yyyy										
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Waist to Height Ratio [WHtR] ... is a tool for predicting cardiovascular, diabetes and stroke risk, hypertension, and dyslipidemia because it accounts for the distribution of abdominal fat, which is known to increase the aforementioned risks. The WHtR is a measure of fat distribution. A superior tool to detect cardiometabolic risk factors.

Extremely slim	Slim	Healthy	Overweight	Very overweight	Obese
≤ 0.34	0.35 – 0.41	0.42 – 0.48	0.49 – 0.53	0.54 – 0.57	≥ 0.58

Body Mass Index [BMI]... is a measure of 'size', relating to body fat, not dependent on your frame. Correlated with total body fat, it does not distinguish fat from muscle or different body fat distributions.

< 18.5	18.5 – 24.9	25 – 29.9	30 – 34.9	35 – 39.9	40+
Underweight	Healthy Range	Overweight	Obese, Class 1	Obese, Class 2	Obese, Class 3

Waist circumference... is an accurate measure of the distribution of body fat and has been shown to be more strongly associated with disease and/or medical condition and mortality.

Lowest risk	Increased risk of chronic disease	Higher increased risk of chronic disease
Less than 80cm (31.5")	Greater than 80cm (31.5")	Greater than 88cm (34.6")

SLEEP…

SLEEP DURATION	USUAL sleep time? *e.g., 10:00 – 10:30pm*	USUAL wake up time? *e.g., 6:30am*	Hours of sleep per night *e.g., 8-hrs*
START			
ESTABLISHMENT END			
GROWTH END			
Self-Check-in			
Self-Check-in			

EASE OF FALLING ASLEEP (SLEEP LATENCY)	RATING	DESCRIPTION/EXPLANATION			
0 = Terrible *greater than 40-mins to sleep*	**1** = Poor *30-40 mins to sleep*	**2** = Fair *20-mins to sleep*	**3** = Good *10-mins to sleep*	**4** = Very Good *Less than 10-mins to sleep*	**5** = Excellent *Fall asleep immediately*
START					
ESTABLISHMENT END					

PERSONAL HEALTH ASSESSMENT [PHA]

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PERSONAL HEALTH ASSESSMENT [PHA]

AWAKENINGS	RATING	DESCRIPTION/EXPLANATION				
0 = Terrible *More than 10 times per night*	**1** = Poor *10 times per night*	**2** = Fair *8 times per night*	**3** = Good *5 times per night*	**4** = Very Good *2-3 times per night*	**5** = Excellent *1 time per night*	
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ESTABLISHMENT END						
GROWTH END						

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Self-Check-in						
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EASE OF STAYING ASLEEP	RATING	DESCRIPTION/EXPLANATION				
0 = Terrible *after awakening, take more than 30-mins to fall back to sleep*	**1** = Poor *after awakening, take 20-mins to fall back to sleep*	**2** = Fair *after awakening, take 10-mins to fall back to sleep*	**3** = Good *after awakening, take 5-mins to fall back to sleep*	**4** = Very Good *after awakening, take less than 5-mins to fall back to sleep*	**5** = Excellent *after awakening, fall back to sleep immediately*	
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Self-Check-in						

MOOD, STRESS & CONCENTRATION...

ANXIETY	RATING	DESCRIPTION/EXPLANATION
That is... restlessness, tension, nervousness, intrusive thoughts and concerns, feelings of unease or dread connected to anything		
0 = Always (100% of the time)	**1** = Often (90% of the time)	**2** = Usually (70% of the time) / **3** = Sometimes (50% of the time) / **4** = Hardly ever (10% of the time) / **5** = Never (0%)
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Self-Check-in					
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OVERWHELM	RATING	DESCRIPTION/EXPLANATION			
Signs of overwhelm are… flooded with thoughts, disproportionate reactions, feeling helpless and hopeless, withdrawal, feeling paralysed, crying easily, cognitive fatigue, increased apathy, fluctuating emotions. You may also experience physical symptoms such as rapid heartbeat, difficulty breathing, dizziness, fatigue, headaches, cramps, an upset stomach, or other aches and pains.					
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Self-Check-in					

FRUSTRATION	RATING	DESCRIPTION/EXPLANATION			
Connected to connected with work, home life, social situations, family, friends, relationships, finances, health concerns, world issues. Signs of frustration are… anger or losing your temper quickly, avoidance, annoyed and irritable, on edge, giving up on tasks, flitting from one task to another, incessant bodily movement, Anger or losing your temper, using food or other substances to cope.					
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Self-Check-in		

MIND IS ALWAYS 'ON'	RATING	DESCRIPTION/EXPLANATION
When you have constant and repetitive thoughts about something; typically, a problem or situation, relating to a person or circumstance. Overthinking, mental to do lists, emotional burden etc.		
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Self-Check-in		
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PERSONAL HEALTH ASSESSMENT [PHA]

SAD AND/OR LONELY	RATING	DESCRIPTION/EXPLANATION			
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Self-Check-in					
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BRAIN FOG/CONCENTRATION	RATING	DESCRIPTION/EXPLANATION			
Unable to think clearly or concentrate i.e., fuzzy thinking, less mentally sharp, feeling you're in a daze. Confusion, forgetfulness, lack of focus and mental clarity.					
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DIGESTION ...

HEARTBURN/REFLUX	RATING	DESCRIPTION/EXPLANATION			
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BELCHING OR BURPING	RATING	DESCRIPTION/EXPLANATION			
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GROWTH END						
Self-Check-in						
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PERSONAL HEALTH ASSESSMENT [PHA]

BLOATING	RATING	DESCRIPTION/EXPLANATION				
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PERSONAL HEALTH ASSESSMENT [PHA]

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Self-Check-in					
Self-Check-in					

SENSATION OF FOOD SITTING IN STOMACH	RATING	DESCRIPTION/EXPLANATION			
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ABDOMINAL PAIN, CRAMPS OR SPASMS	RATING	DESCRIPTION/EXPLANATION			
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CRAVINGS	RATING	DESCRIPTION/EXPLANATION				
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FLATULENCE / GAS BUILD-UP	RATING	DESCRIPTION/EXPLANATION			
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Self-Check-in					

BOWEL MOVEMENTS	MOVEMENTS PER DAY	DESCRIPTION/EXPLANATION
*In description/explanation you **MUST** refer to **...*** • ***Frequency...*** *What time(s) of day you pass a bowel movement? E.g., 9am and 1pm.* • ***Speed...*** *How long does it take to pass a bowel movement, from sitting on the toilet seat? 30-secs? 1-min? 5-mins?* • ***Colour...*** *What colour? E.g., Black, Brown, Red, Greenish, Orangish, Yellow'ish, Pale grey?* • ***Consistency...*** *Separate hard lumps like nuts? Sausage shaped but lumpy? Sausage like cracked surface? Smooth Sausage like? Soft blobs with clear cut edges? Fluffy with ragged edges/mushy? Watery, no solid pieces? Sticky/Greasy?* • ***Concurrent with ANY pain or discomfort*** *... if so, please describe.* • ***Odour...*** *No odour? Bad odour? Or smells like?* ***EXAMPLE****: I pass 2 bowel movements a day, around 7am soon after waking, before any food or drink. The other is about 30-mins after breakfast around 10am. The first one passes in less than 30-secs but the 10am one takes 3-4 mins to pass. The colour is light brown but once a week it is more yellow'ish. The consistency is soft blobs a little watery with about once a week being sticky/greasy and sticking to the side of the bowl. I have no pain or discomfort when passing. I would say 7 out of 10 times there is just a slight odour, but the other times it is quite a strong unpleasant odour.*		
START		

PERSONAL HEALTH ASSESSMENT [PHA]

BOWEL MOVEMENTS	MOVEMENTS PER DAY	DESCRIPTION/EXPLANATION
*In description/explanation you **MUST** refer to **...*** • ***Frequency...*** *What time(s) of day you pass a bowel movement? E.g., 9am and 1pm.* • ***Speed...*** *How long does it take to pass a bowel movement, from sitting on the toilet seat? 30-secs? 1-min? 5-mins?* • ***Colour...*** *What colour? E.g., Black, Brown, Red, Greenish, Orangish, Yellow'ish, Pale grey?* • ***Consistency...*** *Separate hard lumps like nuts? Sausage shaped but lumpy? Sausage like cracked surface? Smooth Sausage like? Soft blobs with clear cut edges? Fluffy with ragged edges/mushy? Watery, no solid pieces? Sticky/Greasy?* • ***Concurrent with ANY pain or discomfort*** *... if so, please describe.* • ***Odour...*** *No odour? Bad odour? Or smells like?* ***EXAMPLE****: I pass 2 bowel movements a day, around 7am soon after waking, before any food or drink. The other is about 30-mins after breakfast around 10am. The first one passes in less than 30-secs but the 10am one takes 3-4 mins to pass. The colour is light brown but once a week it is more yellow'ish. The consistency is soft blobs a little watery with about once a week being sticky/greasy and sticking to the side of the bowl. I have no pain or discomfort when passing. I would say 7 out of 10 times there is just a slight odour, but the other times it is quite a strong unpleasant odour.*		
ESTABLISHMENT END		
GROWTH END		

BOWEL MOVEMENTS	MOVEMENTS PER DAY	DESCRIPTION/EXPLANATION
*In description/explanation you **MUST** refer to **...*** • ***Frequency...*** *What time(s) of day you pass a bowel movement? E.g., 9am and 1pm.* • ***Speed...*** *How long does it take to pass a bowel movement, from sitting on the toilet seat? 30-secs? 1-min? 5-mins?* • ***Colour...*** *What colour? E.g., Black, Brown, Red, Greenish, Orangish, Yellow'ish, Pale grey?* • ***Consistency...*** *Separate hard lumps like nuts? Sausage shaped but lumpy? Sausage like cracked surface? Smooth Sausage like? Soft blobs with clear cut edges? Fluffy with ragged edges/mushy? Watery, no solid pieces? Sticky/Greasy?* • ***Concurrent with ANY pain or discomfort*** *... if so, please describe.* • ***Odour...*** *No odour? Bad odour? Or smells like?* ***EXAMPLE****: I pass 2 bowel movements a day, around 7am soon after waking, before any food or drink. The other is about 30-mins after breakfast around 10am. The first one passes in less than 30-secs but the 10am one takes 3-4 mins to pass. The colour is light brown but once a week it is more yellow'ish. The consistency is soft blobs a little watery with about once a week being sticky/greasy and sticking to the side of the bowl. I have no pain or discomfort when passing. I would say 7 out of 10 times there is just a slight odour, but the other times it is quite a strong unpleasant odour.*		
Self-Check-in		
Self-Check-in		

ENERGY...

PERSONAL HEALTH ASSESSMENT [PHA]

ENERGY…ON WAKING	RATING	DESCRIPTION/EXPLANATION			
0 = Terrible *extremely bad*	**1** = Poor *very low quality*	**2** = Fair *not that good, not that bad*	**3** = Good *good quality*	**4** = Very Good *high quality*	**5** = Excellent *outstanding*
START					
ESTABLISHMENT END					
GROWTH END					

PERSONAL HEALTH ASSESSMENT [PHA]

ENERGY...ON WAKING	RATING	DESCRIPTION/EXPLANATION			
0 = Terrible *extremely bad*	**1** = Poor *very low quality*	**2** = Fair *not that good, not that bad*	**3** = Good *good quality*	**4** = Very Good *high quality*	**5** = Excellent *outstanding*
Self-Check-in					
Self-Check-in					

ENERGY... WAKING TILL MIDDAY	RATING	DESCRIPTION/EXPLANATION			
0 = Terrible *extremely bad*	**1** = Poor *very low quality*	**2** = Fair *not that good, not that bad*	**3** = Good *good quality*	**4** = Very Good *high quality*	**5** = Excellent *outstanding*
START					

PERSONAL HEALTH ASSESSMENT [PHA]

ENERGY... WAKING TILL MIDDAY	RATING	DESCRIPTION/EXPLANATION			
0 = Terrible *extremely bad*	**1** = Poor *very low quality*	**2** = Fair *not that good, not that bad*	**3** = Good *good quality*	**4** = Very Good *high quality*	**5** = Excellent *outstanding*
ESTABLISHMENT END					
GROWTH END					
Self-Check-in					

PERSONAL HEALTH ASSESSMENT [PHA]

ENERGY... WAKING TILL MIDDAY	RATING	DESCRIPTION/EXPLANATION			
0 = Terrible *extremely bad*	**1** = Poor *very low quality*	**2** = Fair *not that good, not that bad*	**3** = Good *good quality*	**4** = Very Good *high quality*	**5** = Excellent *outstanding*
Self-Check-in					

ENERGY...MIDDAY TO 6PM	RATING	DESCRIPTION/EXPLANATION			
0 = Terrible *extremely bad*	**1** = Poor *very low quality*	**2** = Fair *not that good, not that bad*	**3** = Good *good quality*	**4** = Very Good *high quality*	**5** = Excellent *outstanding*
START					
ESTABLISHMENT END					

PERSONAL HEALTH ASSESSMENT [PHA]

ENERGY…MIDDAY TO 6PM	RATING	DESCRIPTION/EXPLANATION			
0 = Terrible *extremely bad*	**1** = Poor *very low quality*	**2** = Fair *not that good, not that bad*	**3** = Good *good quality*	**4** = Very Good *high quality*	**5** = Excellent *outstanding*
GROWTH END					
Self-Check-in					
Self-Check-in					

PERSONAL HEALTH ASSESSMENT [PHA]

ENERGY...6PM TO BEDTIME	RATING	DESCRIPTION/EXPLANATION			
0 = Terrible *extremely bad*	**1** = Poor *very low quality*	**2** = Fair *not that good, not that bad*	**3** = Good *good quality*	**4** = Very Good *high quality*	**5** = Excellent *outstanding*
START					
ESTABLISHMENT END					
GROWTH END					

ENERGY...6PM TO BEDTIME	RATING	DESCRIPTION/EXPLANATION			
0 = Terrible *extremely bad*	**1** = Poor *very low quality*	**2** = Fair *not that good, not that bad*	**3** = Good *good quality*	**4** = Very Good *high quality*	**5** = Excellent *outstanding*
Self-Check-in					
Self-Check-in					

SKIN, HAIR, NAILS, MOUTH...

We highly recommend taking a photo of any issues, so you have a visual record. This way you can easily compare progress when updating.

PERSONAL HEALTH ASSESSMENT [PHA]

FACE CONDITION	RATING	DESCRIPTION/EXPLANATION
Look in the mirror with a bright light and inspect areas around eyes, eyebrows, forehead, nose, cheeks, lips and chin ... then in the description/explanation please state if ANY of the following are present, where and how it looks and feels • Lumps • Bumps • Large pores • Flaky, dry • Oily • Redness • Excess facial hair • Discolouration/Spots • Broken capillaries • Wrinkles • Acne • Blind pimples • Pimples • Whiteheads • Blackheads • Rosacea • Psoriasis • Eczema/Dermatitis/Rashes • Sunspots/Pigmentation • Or any other issues		
0 = Terrible *extremely bad*	**1** = Poor *very low quality*	**2** = Fair *not that good, not that bad*	**3** = Good *good quality*	**4** = Very Good *high quality*	**5** = Excellent *outstanding*
START		
ESTABLISHMENT END		
GROWTH END		

PERSONAL HEALTH ASSESSMENT [PHA]

FACE CONDITION	RATING	DESCRIPTION/EXPLANATION
Look in the mirror with a bright light and inspect areas around eyes, eyebrows, forehead, nose, cheeks, lips and chin ... then in the description/explanation please state if ANY of the following are present, where and how it looks and feels • Lumps • Bumps • Large pores • Flaky, dry • Oily • Redness • Excess facial hair • Discolouration/Spots • Broken capillaries • Wrinkles • Acne • Blind pimples • Pimples • Whiteheads • Blackheads • Rosacea • Psoriasis • Eczema/Dermatitis/Rashes • Sunspots/Pigmentation • Or any other issues		
0 = Terrible *extremely bad*	**1** = Poor *very low quality*	**2** = Fair *not that good, not that bad* **3** = Good *good quality* **4** = Very Good *high quality* **5** = Excellent *outstanding*
Self-Check-in		
Self-Check-in		

PERSONAL HEALTH ASSESSMENT [PHA]

BODY CONDITION	RATING	DESCRIPTION/EXPLANATION
Standing naked, inspect every square inch of your body and inspect neck, arms, hands, fingers, torso (including genitals), legs, feet and toes ... then in the description/explanation please state if ANY of the following are present, where and how it looks and feels • Lumps • Bumps • Flaky, dry • Acne • Blind pimples • Pimples • Whiteheads • Blackheads • Psoriasis • Eczema/Dermatitis/Rashes • Or any other issues		
0 = Terrible *extremely bad*	**1** = Poor *very low quality*	**2** = Fair *not that good, not that bad*
		3 = Good *good quality*
		4 = Very Good *high quality*
		5 = Excellent *outstanding*
START		
ESTABLISHMENT END		
GROWTH END		

PERSONAL HEALTH ASSESSMENT [PHA]

BODY CONDITION	RATING	DESCRIPTION/EXPLANATION
Standing naked, inspect every square inch of your body and inspect neck, arms, hands, fingers, torso (including genitals), legs, feet and toes ... then in the description/explanation please state if ANY of the following are present, where and how it looks and feels • Lumps • Bumps • Flaky, dry • Acne • Blind pimples • Pimples • Whiteheads • Blackheads • Psoriasis • Eczema/Dermatitis/Rashes • Or any other issues		
0 = Terrible *extremely bad*	**1** = Poor *very low quality*	**2** = Fair *not that good, not that bad* **3** = Good *good quality* **4** = Very Good *high quality* **5** = Excellent *outstanding*
Self-Check-in		
Self-Check-in		

PERSONAL HEALTH ASSESSMENT [PHA]

HAIR AND SCALP CONDITION	RATING	DESCRIPTION/EXPLANATION
Look in the mirror and inspect your hair. We strongly recommend getting help to inspect your scalp CLOSELY... then in the description/explanation please state if ANY of the following are present, where and how it looks and feels • Dry • Normal • Oily • Greasy • Frizzy • Damaged • Hair loss • Bald patches • Dandruff • Flaky • Psoriasis • Eczema/Dermatitis/Rashes ***AND*** *comment if you Colour your hair and how often?*		
0 = Terrible *extremely bad*	**1** = Poor *very low quality*	**2** = Fair *not that good, not that bad* **3** = Good *good quality* **4** = Very Good *high quality* **5** = Excellent *outstanding*
START		
ESTABLISHMENT END		
GROWTH END		

PERSONAL HEALTH ASSESSMENT [PHA]

HAIR AND SCALP CONDITION	RATING	DESCRIPTION/EXPLANATION
Look in the mirror and inspect your hair. We strongly recommend getting help to inspect your scalp CLOSELY... then in the description/explanation please state if ANY of the following are present, where and how it looks and feels • Dry • Normal • Oily • Greasy • Frizzy • Damaged • Hair loss • Bald patches • Dandruff • Flaky • Psoriasis • Eczema/Dermatitis/Rashes ***AND*** *comment if you Colour your hair and how often?*		
0 = Terrible *extremely bad*	**1** = Poor *very low quality*	**2** = Fair *not that good, not that bad* **3** = Good *good quality* **4** = Very Good *high quality* **5** = Excellent *outstanding*
Self-Check-in		
Self-Check-in		

PERSONAL HEALTH ASSESSMENT [PHA]

NAIL CONDITION	RATING	DESCRIPTION/EXPLANATION
Inspect your fingernails and toenails CLOSELY… then in the description/explanation please state if ANY of the following are present, where and how it looks and feels • Ridges, ripples or lines (vertical or horizontal) • Pitted/grooves • Cracked or split • Colour/discolouration • Thin, flaky, peeling • Thick, strong • Easily break • Dry or hanging cuticles (skin around nails) • Fungus ***AND*** *comment if you … bite, gnaw or pick at nails.*		
0 = Terrible *extremely bad*	**1** = Poor *very low quality*	**2** = Fair *not that good, not that bad* **3** = Good *good quality* **4** = Very Good *high quality* **5** = Excellent *outstanding*
START		
ESTABLISHMENT END		**Fingernails** – **Toenails** –
GROWTH END		**Fingernails** – **Toenails** –

PERSONAL HEALTH ASSESSMENT [PHA]

NAIL CONDITION	RATING	DESCRIPTION/EXPLANATION
Inspect your fingernails and toenails CLOSELY… then in the description/explanation please state if ANY of the following are present, where and how it looks and feels • Ridges, ripples or lines (vertical or horizontal) • Pitted/grooves • Cracked or split • Colour/discolouration • Thin, flaky, peeling • Thick, strong • Easily break • Dry or hanging cuticles (skin around nails) • Fungus ***AND*** *comment if you … bite, gnaw or pick at nails.*		
0 = Terrible *extremely bad*	**1** = Poor *very low quality*	**2** = Fair *not that good, not that bad*	**3** = Good *good quality*	**4** = Very Good *high quality*	**5** = Excellent *outstanding*
Self-Check-in		**Fingernails** – **Toenails** –
Self-Check-in		**Fingernails** – **Toenails** –

TONGUE CONDITION	RATING	DESCRIPTION/EXPLANATION
Poke out your tongue in front of the mirror and inspect CLOSELY… then in the description/explanation please state if ANY of the following are present and exact location • Bright red or beefy appearance • Clear shiny • Cracked • Greenish-brown • Creamy white • Yellowish • Clay coloured • Red, sore, inflamed • Groove down the middle • Quivering • Scalloped edges • Strawberry spots • Geographical e.g. looks like a map • Slimy • Pink and healthy all over		
0 = Terrible *extremely bad*	**1** = Poor *very low quality*	**2** = Fair *not that good, not that bad*	**3** = Good *good quality*	**4** = Very Good *high quality*	**5** = Excellent *outstanding*

PERSONAL HEALTH ASSESSMENT [PHA]

TONGUE CONDITION	RATING	DESCRIPTION/EXPLANATION
START		
ESTABLISHMENT END		
GROWTH END		
Self-Check-in		

PERSONAL HEALTH ASSESSMENT [PHA]

TONGUE CONDITION	RATING	DESCRIPTION/EXPLANATION
Self-Check-in		

MOUTH AND TEETH	RATING	DESCRIPTION/EXPLANATION			
Inspect CLOSELY ... then in the description/explanation please state if ANY of the following are present, exact location, how it looks and feels • Pain • Sensitivity • Cold sores • Mouth Ulcers • Inflamed or sore gums • Bad breath • Cracked or broken teeth • Cracked or broken fillings • Receding gums • Enamel erosion • Tooth decay • Gum disease e.g., gingivitis • Loose teeth • Dry mouth • Burning mouth • Sensitivity to hot or cold					
0 = Terrible *extremely bad*	**1** = Poor *very low quality*	**2** = Fair *not that good, not that bad*	**3** = Good *good quality*	**4** = Very Good *high quality*	**5** = Excellent *outstanding*
START					
ESTABLISHMENT END					

MOUTH AND TEETH	RATING	DESCRIPTION/EXPLANATION
GROWTH END		
Self-Check-in		
Self-Check-in		

PERSONAL HEALTH ASSESSMENT [PHA]

CRACKED OR DRY HEELS	RATING	DESCRIPTION/EXPLANATION			
0 = Terrible *extremely bad*	**1** = Poor *very low quality*	**2** = Fair *not that good, not that bad*	**3** = Good *good quality*	**4** = Very Good *high quality*	**5** = Excellent *outstanding*
START					
ESTABLISHMENT END					
GROWTH END					

CRACKED OR DRY HEELS	RATING	DESCRIPTION/EXPLANATION			
0 = Terrible *extremely bad*	**1** = Poor *very low quality*	**2** = Fair *not that good, not that bad*	**3** = Good *good quality*	**4** = Very Good *high quality*	**5** = Excellent *outstanding*
Self-Check-in					
Self-Check-in					

RESPIRATORY, CIRCULATION...

ASTHMA AND/OR WHEEZING	RATING	DESCRIPTION/EXPLANATION			
0 = Always (100% of the time)	**1** = Often (90% of the time)	**2** = Usually (70% of the time)	**3** = Sometimes (50% of the time)	**4** = Hardly ever (10% of the time)	**5** = Never (0%)
START					

PERSONAL HEALTH ASSESSMENT [PHA]

ASTHMA AND/OR WHEEZING	RATING	DESCRIPTION/EXPLANATION			
0 = Always (100% of the time)	**1** = Often (90% of the time)	**2** = Usually (70% of the time)	**3** = Sometimes (50% of the time)	**4** = Hardly ever (10% of the time)	**5** = Never (0%)
ESTABLISHMENT END					
GROWTH END					
Self-Check-in					

ASTHMA AND/OR WHEEZING	RATING	DESCRIPTION/EXPLANATION			
0 = Always (100% of the time)	**1** = Often (90% of the time)	**2** = Usually (70% of the time)	**3** = Sometimes (50% of the time)	**4** = Hardly ever (10% of the time)	**5** = Never (0%)
Self-Check-in					

HAY FEVER	RATING	DESCRIPTION/EXPLANATION			
0 = Always (100% of the time)	**1** = Often (90% of the time)	**2** = Usually (70% of the time)	**3** = Sometimes (50% of the time)	**4** = Hardly ever (10% of the time)	**5** = Never (0%)
START					
ESTABLISHMENT END					

PERSONAL HEALTH ASSESSMENT [PHA]

HAY FEVER	RATING	DESCRIPTION/EXPLANATION				
0 = Always (100% of the time)	**1** = Often (90% of the time)	**2** = Usually (70% of the time)	**3** = Sometimes (50% of the time)	**4** = Hardly ever (10% of the time)	**5** = Never (0%)	
GROWTH END						
Self-Check-in						
Self-Check-in						

PERSONAL HEALTH ASSESSMENT [PHA]

DARK CIRCLES UNDER EYES	RATING	DESCRIPTION/EXPLANATION			
0 = Always (100% of the time)	**1** = Often (90% of the time)	**2** = Usually (70% of the time)	**3** = Sometimes (50% of the time)	**4** = Hardly ever (10% of the time)	**5** = Never (0%)
START					
ESTABLISHMENT END					
GROWTH END					

PERSONAL HEALTH ASSESSMENT [PHA]

DARK CIRCLES UNDER EYES	RATING	DESCRIPTION/EXPLANATION			
0 = Always (100% of the time)	**1** = Often (90% of the time)	**2** = Usually (70% of the time)	**3** = Sometimes (50% of the time)	**4** = Hardly ever (10% of the time)	**5** = Never (0%)
Self-Check-in					
Self-Check-in					

BAGS AND/OR PUFFINESS UNDER EYES	RATING	DESCRIPTION/EXPLANATION			
0 = Always (100% of the time)	**1** = Often (90% of the time)	**2** = Usually (70% of the time)	**3** = Sometimes (50% of the time)	**4** = Hardly ever (10% of the time)	**5** = Never (0%)
START					

PERSONAL HEALTH ASSESSMENT [PHA]

BAGS AND/OR PUFFINESS UNDER EYES	RATING	DESCRIPTION/EXPLANATION			
0 = Always (100% of the time)	**1** = Often (90% of the time)	**2** = Usually (70% of the time)	**3** = Sometimes (50% of the time)	**4** = Hardly ever (10% of the time)	**5** = Never (0%)
ESTABLISHMENT END					
GROWTH END					
Self-Check-in					

PERSONAL HEALTH ASSESSMENT [PHA]

BAGS AND/OR PUFFINESS UNDER EYES	RATING	DESCRIPTION/EXPLANATION			
0 = Always (100% of the time)	**1** = Often (90% of the time)	**2** = Usually (70% of the time)	**3** = Sometimes (50% of the time)	**4** = Hardly ever (10% of the time)	**5** = Never (0%)
Self-Check-in					

PHLEGM IN THROAT	RATING	DESCRIPTION/EXPLANATION			
0 = Always (100% of the time)	**1** = Often (90% of the time)	**2** = Usually (70% of the time)	**3** = Sometimes (50% of the time)	**4** = Hardly ever (10% of the time)	**5** = Never (0%)
START					
ESTABLISHMENT END					

PERSONAL HEALTH ASSESSMENT [PHA]

PHLEGM IN THROAT	RATING	DESCRIPTION/EXPLANATION			
0 = Always (100% of the time)	**1** = Often (90% of the time)	**2** = Usually (70% of the time)	**3** = Sometimes (50% of the time)	**4** = Hardly ever (10% of the time)	**5** = Never (0%)
GROWTH END					
Self-Check-in					
Self-Check-in					

PERSONAL HEALTH ASSESSMENT [PHA]

POSTNASAL DRIP	RATING	DESCRIPTION/EXPLANATION			
0 = Always (100% of the time)	**1** = Often (90% of the time)	**2** = Usually (70% of the time)	**3** = Sometimes (50% of the time)	**4** = Hardly ever (10% of the time)	**5** = Never (0%)
START					
ESTABLISHMENT END					
GROWTH END					

POSTNASAL DRIP	RATING	DESCRIPTION/EXPLANATION			
0 = Always (100% of the time)	**1** = Often (90% of the time)	**2** = Usually (70% of the time)	**3** = Sometimes (50% of the time)	**4** = Hardly ever (10% of the time)	**5** = Never (0%)
Self-Check-in					
Self-Check-in					

SWOLLEN FEET, ANKLES AND/OR LEGS	RATING	DESCRIPTION/EXPLANATION			
0 = Always (100% of the time)	**1** = Often (90% of the time)	**2** = Usually (70% of the time)	**3** = Sometimes (50% of the time)	**4** = Hardly ever (10% of the time)	**5** = Never (0%)
START					

PERSONAL HEALTH ASSESSMENT [PHA]

SWOLLEN FEET, ANKLES AND/OR LEGS	RATING	DESCRIPTION/EXPLANATION			
0 = Always (100% of the time)	**1** = Often (90% of the time)	**2** = Usually (70% of the time)	**3** = Sometimes (50% of the time)	**4** = Hardly ever (10% of the time)	**5** = Never (0%)
ESTABLISHMENT END					
GROWTH END					
Self-Check-in					

PERSONAL HEALTH ASSESSMENT [PHA]

SWOLLEN FEET, ANKLES AND/OR LEGS	RATING	DESCRIPTION/EXPLANATION			
0 = Always (100% of the time)	**1** = Often (90% of the time)	**2** = Usually (70% of the time)	**3** = Sometimes (50% of the time)	**4** = Hardly ever (10% of the time)	**5** = Never (0%)
Self-Check-in					

SWOLLEN HANDS AND/OR WRISTS	RATING	DESCRIPTION/EXPLANATION			
0 = Always (100% of the time)	**1** = Often (90% of the time)	**2** = Usually (70% of the time)	**3** = Sometimes (50% of the time)	**4** = Hardly ever (10% of the time)	**5** = Never (0%)
START					
ESTABLISHMENT END					

PERSONAL HEALTH ASSESSMENT [PHA]

SWOLLEN HANDS AND/OR WRISTS	RATING	DESCRIPTION/EXPLANATION			
0 = Always (100% of the time)	**1** = Often (90% of the time)	**2** = Usually (70% of the time)	**3** = Sometimes (50% of the time)	**4** = Hardly ever (10% of the time)	**5** = Never (0%)
GROWTH END					
Self-Check-in					
Self-Check-in					

PERSONAL HEALTH ASSESSMENT [PHA]

PINS AND NEEDLES OR NUMBNESS	RATING	DESCRIPTION/EXPLANATION			
0 = Always (100% of the time)	**1** = Often (90% of the time)	**2** = Usually (70% of the time)	**3** = Sometimes (50% of the time)	**4** = Hardly ever (10% of the time)	**5** = Never (0%)
START					
ESTABLISHMENT END					
GROWTH END					

PINS AND NEEDLES OR NUMBNESS	RATING	DESCRIPTION/EXPLANATION			
0 = Always (100% of the time)	**1** = Often (90% of the time)	**2** = Usually (70% of the time)	**3** = Sometimes (50% of the time)	**4** = Hardly ever (10% of the time)	**5** = Never (0%)
Self-Check-in					
Self-Check-in					

ACHES AND PAINS...

HEADACHES AND/OR MIGRAINES	RATING	DESCRIPTION/EXPLANATION			
0 = Always (100% of the time)	**1** = Often (90% of the time)	**2** = Usually (70% of the time)	**3** = Sometimes (50% of the time)	**4** = Hardly ever (10% of the time)	**5** = Never (0%)
START					

PERSONAL HEALTH ASSESSMENT [PHA]

HEADACHES AND/OR MIGRAINES	RATING	DESCRIPTION/EXPLANATION			
0 = Always (100% of the time)	**1** = Often (90% of the time)	**2** = Usually (70% of the time)	**3** = Sometimes (50% of the time)	**4** = Hardly ever (10% of the time)	**5** = Never (0%)
ESTABLISHMENT END					
GROWTH END					
Self-Check-in					

PERSONAL HEALTH ASSESSMENT [PHA]

HEADACHES AND/OR MIGRAINES	RATING	DESCRIPTION/EXPLANATION			
0 = Always (100% of the time)	**1** = Often (90% of the time)	**2** = Usually (70% of the time)	**3** = Sometimes (50% of the time)	**4** = Hardly ever (10% of the time)	**5** = Never (0%)
Self-Check-in					

BODY... ACHES, PAINS OR SPASMS	RATING	DESCRIPTION/EXPLANATION			
0 = Always (100% of the time)	**1** = Often (90% of the time)	**2** = Usually (70% of the time)	**3** = Sometimes (50% of the time)	**4** = Hardly ever (10% of the time)	**5** = Never (0%)
START					
ESTABLISHMENT END					

PERSONAL HEALTH ASSESSMENT [PHA]

BODY... ACHES, PAINS OR SPASMS	RATING	DESCRIPTION/EXPLANATION				
0 = Always (100% of the time)	**1** = Often (90% of the time)	**2** = Usually (70% of the time)	**3** = Sometimes (50% of the time)	**4** = Hardly ever (10% of the time)	**5** = Never (0%)	
GROWTH END						
Self-Check-in						
Self-Check-in						

PERSONAL HEALTH ASSESSMENT [PHA]

RESTLESS LEGS	RATING	DESCRIPTION/EXPLANATION			
0 = Always (100% of the time)	**1** = Often (90% of the time)	**2** = Usually (70% of the time)	**3** = Sometimes (50% of the time)	**4** = Hardly ever (10% of the time)	**5** = Never (0%)
START					
ESTABLISHMENT END					
GROWTH END					

PERSONAL HEALTH ASSESSMENT [PHA]

RESTLESS LEGS	RATING	DESCRIPTION/EXPLANATION			
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Self-Check-in					
Self-Check-in					

HORMONES, URINARY…

PMS SYMPTOMS	RATING	DESCRIPTION/EXPLANATION
*In description/explanation you **MUST** refer to … • Retention of fluid in fingers/ankles • Abdominal bloating • Swelling and tenderness in breast(s) • Skin breakouts, • Headaches and/or migraines • Sleep disturbances • Fatigue and tiredness • Alternating bowel movements • Cravings • Feeling irritable • Mood swings • Poor concentration • **Post-Menopause:** Use a rating of N/A and comment what age you had your last period.*		
0 = Always (100% of the time)	**1** = Often (90% of the time)	**2** = Usually (70% of the time) **3** = Sometimes (50% of the time) **4** = Hardly ever (10% of the time) **5** = Never (0%)
START		
ESTABLISHMENT END		
GROWTH END		

PERSONAL HEALTH ASSESSMENT [PHA]

PMS SYMPTOMS	RATING	DESCRIPTION/EXPLANATION
*In description/explanation you **MUST** refer to ... • Retention of fluid in fingers/ankles • Abdominal bloating • Swelling and tenderness in breast(s) • Skin breakouts, • Headaches and/or migraines • Sleep disturbances • Fatigue and tiredness • Alternating bowel movements • Cravings • Feeling irritable • Mood swings • Poor concentration • **Post-Menopause:** Use a rating of N/A and comment what age you had your last period.*		
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Self-Check-in		
Self-Check-in		

PERSONAL HEALTH ASSESSMENT [PHA]

PERIOD PAIN	RATING	DESCRIPTION/EXPLANATION
*In description/explanation you **MUST** refer to **...** Type of pain, onset, duration, location, intensity. **Post-Menopause:** Use a rating of N/A and comment what age you had your last period.*		
0 = Always (100% of the time)	**1** = Often (90% of the time)	**2** = Usually (70% of the time) / **3** = Sometimes (50% of the time) / **4** = Hardly ever (10% of the time) / **5** = Never (0%)
START		
ESTABLISHMENT END		
GROWTH END		

PERSONAL HEALTH ASSESSMENT [PHA]

PERIOD PAIN	RATING	DESCRIPTION/EXPLANATION
*In description/explanation you **MUST** refer to **...** Type of pain, onset, duration, location, intensity. **Post-Menopause:** Use a rating of N/A and comment what age you had your last period.*		
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Self-Check-in		
Self-Check-in		

PERSONAL HEALTH ASSESSMENT [PHA]

PERIOD CYCLE AND FLOW	DESCRIPTION/EXPLANATION
*In description/explanation you **MUST** refer to ...* *• Length between each period (e.g., 28, 35, 50 days)* *• Period length (e.g., 3, 5, 7 days)* *• Flow (e.g., Day 1&2 heavy, Day 3 on light)* *• Between cycles (e.g., break-through breathing)* *Unless Post-Menopause: Then please comment what age you had your last period.*	
START	
ESTABLISHMENT END	
GROWTH END	

PERSONAL HEALTH ASSESSMENT [PHA]

PERIOD CYCLE AND FLOW	DESCRIPTION/EXPLANATION
*In description/explanation you **MUST** refer to **...*** *• Length between each period (e.g., 28, 35, 50 days)* *• Period length (e.g., 3, 5, 7 days)* *• Flow (e.g., Day 1&2 heavy, Day 3 on light)* *• Between cycles (e.g., break-through breathing)* *Unless Post-Menopause: Then please comment what age you had your last period.*	
Self-Check-in	
Self-Check-in	

PERSONAL HEALTH ASSESSMENT [PHA]

DAY – HOT FLUSHES	RATING	DESCRIPTION/EXPLANATION
*In description/explanation you **MUST** refer to ...* • ***Type of flush...*** *Intense sudden hot flush with sweating? Slow increase in heat with no sweating? Heat followed by a chill? Red blotches? Heart Palpitations?* • ***Duration...*** *How long does the hot flush last? (Seconds? 5-minutes, 20-minutes or more? Hours?)* • ***Location...*** *All over? Upper body, lower body, just face?* • ***Frequency...*** *A dozen in an hour, a few times a day, once a day, once every few days, once a week, once a month etc?*		
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START		
ESTABLISHMENT END		
GROWTH END		

PERSONAL HEALTH ASSESSMENT [PHA]

DAY – HOT FLUSHES	RATING	DESCRIPTION/EXPLANATION
*In description/explanation you **MUST** refer to ...* • ***Type of flush...*** *Intense sudden hot flush with sweating? Slow increase in heat with no sweating? Heat followed by a chill? Red blotches? Heart Palpitations?* • ***Duration...*** *How long does the hot flush last? (Seconds? 5-minutes, 20-minutes or more? Hours?)* • ***Location...*** *All over? Upper body, lower body, just face?* • ***Frequency...*** *A dozen in an hour, a few times a day, once a day, once every few days, once a week, once a month etc?*		
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Self-Check-in		
Self-Check-in		

PERSONAL HEALTH ASSESSMENT [PHA]

NIGHT – HOT FLUSHES	RATING	DESCRIPTION/EXPLANATION
*In description/explanation you **MUST** refer to ...* • ***Type of flush...*** *Intense sudden hot flush with sweating? Slow increase in heat with no sweating? Heat followed by a chill? Red blotches? Heart Palpitations?* • ***Duration...*** *How long does the hot flush last? (Seconds? 5-minutes, 20-minutes or more? Hours?)* • ***Location...*** *All over? Upper body, lower body, just face?* • ***Frequency...*** *A dozen in an hour, a few times a day, once a day, once every few days, once a week, once a month etc?*		
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START		
ESTABLISHMENT END		
GROWTH END		

PERSONAL HEALTH ASSESSMENT [PHA]

NIGHT – HOT FLUSHES	RATING	DESCRIPTION/EXPLANATION
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Self-Check-in		
Self-Check-in		

PERSONAL HEALTH ASSESSMENT [PHA]

URINARY / BLADDER	DESCRIPTION/EXPLANATION
*In description/explanation you **MUST** refer to **...*** • ***Frequency...*** *once a day, twice a day etc.* • ***Colour...*** *Clear? Cloudy? Pale straw? Pale Yellow? Gold? Orange? Pink, red or brown urine?* • ***Odour...*** *None? Sweet/Fruity? Strong, ammonia-like? Foul-smelling?* • ***Urgency...*** *How quickly you need to go OR a persistent need to urinate, urinating more often than usual or urinating in small amounts?* • ***Incontinence...*** *can't hold it in, or expel urine on sneezing, laughing etc.* • ***Stream...*** *Fast and strong, decreased, intermittent (stop/start)*	
START	
ESTABLISHMENT END	
GROWTH END	

PERSONAL HEALTH ASSESSMENT [PHA]

URINARY / BLADDER	DESCRIPTION/EXPLANATION
*In description/explanation you **MUST** refer to **...*** • ***Frequency...*** *once a day, twice a day etc.* • ***Colour...*** *Clear? Cloudy? Pale straw? Pale Yellow? Gold? Orange? Pink, red or brown urine?* • ***Odour...*** *None? Sweet/Fruity? Strong, ammonia-like? Foul-smelling?* • ***Urgency...*** *How quickly you need to go OR a persistent need to urinate, urinating more often than usual or urinating in small amounts?* • ***Incontinence...*** *can't hold it in, or expel urine on sneezing, laughing etc.* • ***Stream...*** *Fast and strong, decreased, intermittent (stop/start)*	
Self-Check-in	
Self-Check-in	

OTHER...

OTHER	DESCRIPTION/EXPLANATION
Any other health issues not covered in this document please list them ALL here and provide details	
START	
ESTABLISHMENT END	
GROWTH END	

OTHER	DESCRIPTION/EXPLANATION
Any other health issues not covered in this document please list them ALL here and provide details	
Self-Check-in	
Self-Check-in	

MEDICATIONS... Do NOT leave blank... IF NONE then please write NONE.

PHASE	MEDICATION NAME *Name on packet/box*	SINCE WHEN	REASON FOR TAKING	DOSAGE (g/mg)	HOW OFTEN?
Example	*1. Lyrica* *2. Amitriptyline* *OR NONE*	*1. 2009* *2. 2019*	*1. Nerve pain, lower back* *2. Depression* *IF NONE... type n/a*	*1. 50mg* *2. 40mg* *IF NONE... type n/a*	*1. Once a week* *2. Once a day* *IF NONE... type n/a*
START					
ESTABLISHMENT END					
GROWTH END					

PERSONAL HEALTH ASSESSMENT [PHA]

PHASE	MEDICATION NAME *Name on packet/box*	SINCE WHEN	REASON FOR TAKING	DOSAGE (g/mg)	HOW OFTEN?
Example	*1. Lyrica* *2. Amitriptyline* *OR NONE*	*1. 2009* *2. 2019*	*1. Nerve pain, lower back* *2. Depression* *IF NONE... type n/a*	*1. 50mg* *2. 40mg* *IF NONE... type n/a*	*1. Once a week* *2. Once a day* *IF NONE... type n/a*
Self-Check-in					
Self-Check-in					

YOUR GOALS, YOUR WHY…

- GOALS are something you want to achieve; they are measurable and have an endpoint.
- WHYS are your motivations for wanting to accomplish a goal. They are the driving force that can outlast any challenge! WHYS are meaningful to YOU. NOT what someone else wants for you.

Here's an example of a **GOAL and WHYS…**

- MY GOAL IS… *to be pain free.*
- MY WHYS ARE…
  - *So, I can re-connect with my partner and go bushwalking together.*
  - *So, I can sleep soundly, uninterrupted by pain, so I can wake refreshed and hit my day running with vigour.*
  - *So, I can move freely to do all my daily activities (both work and leisure) with enthusiasm and ease.*

It is important **NOT** to use negative statements. Avoid saying what you DON'T want…
EXAMPLE: Don't say… "So, I don't have to worry about medications". Instead say… "*So, I can be free from taking medications and their side effects"*
EXAMPLE: Don't say… "So, I'm NOT overwhelmed by the things I have to do each day". Instead say… "*So, I have the space to enjoy life"*

Below… please list your **3 MAIN GOALS…** and come up with **3 STRONG WHYs** why accomplishing this is important to you. **You MUST have 3.** You are required to CHECK IN in at the end of EVERY phase, and update on how much closer you are to your goal, so you can assess your progress.

ONE CONDITION: *You **CANNOT** refer to WEIGHT or BMI as one of your GOALS or refer to getting to a goal weight. Why? Because, focusing on WEIGHT or BMI, i.e., looking at a 'number on the scales', has nothing to do with building a consistent set of healthy behaviours and a healthy Gut Microbiome. Being healthier involves how you FEEL, how well you sleep, your energy levels, your mood, your ability to navigate life with ease, how you move your body effortlessly without aches and pains, how clearly you can think, how your body performs and SO much more.*

PERSONAL HEALTH ASSESSMENT [PHA]

PHASE	GOAL AND WHY(S)...
START... *Write in what your Goal is and your 3 WHY's* ***CHECK-INS...*** *Comment on how much closer you are to your goal and achieving your WHY(s)*	
START	
ESTABLISHMENT END	
GROWTH END	

PERSONAL HEALTH ASSESSMENT [PHA]

PHASE	GOAL AND WHY(S)...
START... *Write in what your Goal is and your 3 WHY's* ***CHECK-INS...*** *Comment on how much closer you are to your goal and achieving your WHY(s)*	
START	
Self-Check-in	
Self-Check-in	

PERSONAL HEALTH ASSESSMENT [PHA]

PHASE	GOAL AND WHY(S)...
START... *Write in what your Goal is and your 3 WHY's* ***CHECK-INS...*** *Comment on how much closer you are to your goal and achieving your WHY(s)*	
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ESTABLISHMENT END	
GROWTH END	

PERSONAL HEALTH ASSESSMENT [PHA]

PHASE	GOAL AND WHY(S)...
START... *Write in what your Goal is and your 3 WHY's* ***CHECK-INS...*** *Comment on how much closer you are to your goal and achieving your WHY(s)*	
START	
Self-Check-in	
Self-Check-in	

PERSONAL HEALTH ASSESSMENT [PHA]

PHASE	GOAL AND WHY(S)...
START... *Write in what your Goal is and your 3 WHY's* ***CHECK-INS...*** *Comment on how much closer you are to your goal and achieving your WHY(s)*	
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ESTABLISHMENT END	
GROWTH END	

PERSONAL HEALTH ASSESSMENT [PHA]

PHASE	GOAL AND WHY(S)...
START... *Write in what your Goal is and your 3 WHY's* ***CHECK-INS...*** *Comment on how much closer you are to your goal and achieving your WHY(s)*	
START	
Self-Check-in	
Self-Check-in	

TO DO AFTER **EVERY** UPDATE

1) Review your entire PHA and ensure every section has been filled out and NOTHING has been left blank.
2) When notified in the GRP HUB please leave a comment summarising your positive health gains.

END OF DOCUMENT