***‘High Performance Health’ Monthly Momentum Tracker***

**In order to best serve you, please complete the monthly questionnaire every month.**

First Name \*

Last Name \*

Date \*

**High Performance Momentum**

**On a scale of 1-10 with 10 being the best and zero being the worst, how would you rate the following (for you over the last month):**

**We have provided you with space to leave additional comments about it each category if needed.**

Energy \*

Nutrition \*

Fitness \*

Flow \*

Brain Function -- Focus and Memory \*

Peace (vs, Stress) \*

Sleep \*

Relationships \*

Spiritual \*

**General Health Questions**

**1. On a scale of 1 to 5, please rate how your health has changed within the last month with 1 being much worse and 5 being much better:**

**1 2 3 4 5**

**2. In the last month, how much has your primary complaint diminished since you first starting to work with Body In Balance?**

100 % of my primary complaint has diminished

90 to 99% of my primary complaint has diminished

70 to 89% of my primary complaint has diminished

50 to 69% of my primary complaint has diminished

30 to 49% of my primary complaint has diminished

Less than 30% of my primary complaint has diminished

None of my primary complaint has diminished

**4. How consistent have you been with exercise?**

I do them every day

I do them most days

I exercise a few days a week.

I often don’t exercise at all.

**5. How consistent have you been with taking your supplements?**

I take my supplements everyday.

I take my supplements most days.

I take my supplements a few days a week.

I often don’t take my supplements at all.

**6. In the last month, how much water have you been drinking per day?**

I drink half my body weight in ounces of water per day on most days. (1oz= 30ml)

I drink 4 to 8 glasses of water per day on most days.

I drink less than 4 glasses of water per day (or less than 120ml/4 ounces) on most days.

**7. In the last month, how consistent have you been with following The Lifestyle Plan (healthy eating, rejuvenation, breathing exercises, stress reduction etc.) ?**

I’ve followed The Lifestyle Plan every day.

I’ve followed The Lifestyle Plan most days.

I’ve followed The Lifestyle Plan some.

I haven’t followed The Lifestyle Plan much at all.

**Additional Questions**

Results I experienced since last consultation \*

\* **List insights, wins, distinctions, breakthroughs, learnings, ‘a-ha’s, inspirations, motivations.** \* **List specific, measurable, and other actions you may have committed to.**

Actions I committed to on my last consultation \*

\* **List specific, measurable, and other actions you may have committed to.**

Actions I have taken since my last consultation \*

\* **Be sure you address each commitment made whether taken or not and to what degree.**

New opportunities and positive result of actions taken \*

\* **What benefits did I gain from my actions?**

Challenges experienced and/or lessons learned since last consult \*

What new health habit are you looking to implement or master? \*

Outcomes for the next consultation \*

\* **Your health coach already has a list of objectives to cover in your next consult, but this is a section for you to share what you feel that you need on the next call to move your forward in your health goals:**