

# POWER-OFF

## HEALTH TRACKING

START DATE: \_\_\_\_\_

Rate the following symptoms as follows (add your own in the blanks):  
 0 = never; 1 = rarely; 2 = sometimes; 3 = often; 4 = always

Symptoms	Start	Power-Off Begins: Week 1	Power-Off cont.: Week 2	Power-Off cont.: Week 3	Power-Off cont.: Week 4
Sleep Disturbances					
Irritability					
Fatigue/ Weakness					
Headache					
Difficulty Concentrating					
Memory Loss					
Muscle/Joint Pain					
Dizziness					
Ringing In Ears					
Tingling/ Numbness					
Chest Pain/Heart Palpitations					
Facial Flushing					

### CHILDREN

Rate the following health concerns as follows:  
 4 = Excellent; 3 = Good; 2 = Average; 1 = Poor

Health Concerns	Start	Power-Off Begins: Week 1	Power-Off cont.: Week 2	Power-Off cont.: Week 3	Power-Off cont.: Week 4
Responsiveness					
Health					
Attitude					
Focused					
Cooperation					

# POWER-OFF

## HEALTH TRACKING

START DATE: \_\_\_\_\_

### HEALTH CONDITIONS

Please enter actual numbers below:

	Blood Pressure		Heart Rate	Asthma	Blood Sugar	Weight
	Diastolic	Systolic		# times/day need inhaler		in pounds
Day 1						
Day 2						
Day 3						
Day 4						
Day 5						
Day 6						
Day 7						
<b>Power-Off Begins:</b>						
Day 8						
Day 9						
Day 10						
Day 11						
Day 12						
Day 13						
Day 14						
Day 15						
Day 16						
Day 17						
Day 18						
Day 19						
Day 20						
Day 21						

**PRIVACY FIRST:** The following information will remain completely confidential and will be used to confirm broad trends. The Prove-it Initiative is tracking symptoms not people. Please provide only the following information and do not provide your name or any personal information.

AGE \_\_\_\_\_ GENDER (place x in box) Male \_\_\_\_\_ Female \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

Please fill in the PDF file on your computer and email it to [Track-It@Prove-It.co](mailto:Track-It@Prove-It.co)

OR:

Print, complete, and mail to:  
 Prove-It Initiative  
 Suite 22  
 1537 Fourth Street  
 San Rafael, CA 94901