

# Periodic Water Assessment

## Instructions:

This worksheet is to be completed at the **same time** every day. For a more accurate assessment, pick a time of day when you are usually at your lowest (have the least energy, mental clarity, emotional control). For me it is around 2:00pm.

## Rating Scale

Poor	Better	Mild
Fair	Excellent	Medium
Good	Not at all	Excruciating

Use the above rating scale to complete the prework.

\*\*\* Prework is to be completed at your **designated time** a day or two before the challenge starts.

## Prework

Time of day \_\_\_\_\_  
 Energy Level \_\_\_\_\_  
 Mental Clarity \_\_\_\_\_  
 Emotional State \_\_\_\_\_  
 Allergies \_\_\_\_\_  
 Muscle & Joint Pain \_\_\_\_\_  
 Skin \_\_\_\_\_  
 Weight \_\_\_\_\_

	Energy Level	Mental Clarity	Emotional Mastery	Allergies	Pains	Skin
Day 1						
Day 3						
Day 5						
Day 7						
Day 9						
Day 11						
Day 13						
Day 15						
Day 17						
Day 19						
Day 21						

	Week 1	Week2
Weight		