TOOLS for WELLNESS
Live Smarter®

RESTORE ManAge Self Assessment & Progress Cell Function Activator Formula

Self Assessment of Symptoms Form. Please note this assessment form is for personal use to aid in tracking progress monitoring. Any concerns should be addressed with your health practitioner.

This form is designed to establish a baseline of current health conditions and then monitor changes and improvements. Changes can be subtle so recording changes can help greatly to see improvements.

Prior to starting this formula, please first complete this form so that there is baseline information
Then, complete again after the: 1st month 2nd month 3rd month

Date each form when completed. It is very important for all items to be checked.

Name: _____ Date: _____

Age ____ Weight _____ Do you consume alcohol? No _____ Yes _____

If yes, how many drinks do you have on average the days you drink _____

If yes, how many days do you drink each week _____ Add explanation or details if helpful _____

_____

Do you consider yourself (please circle) thin ___ normal ___ a little overweight ___ a lot overweight ___

Current weight loss or weight management therapy, if any: Please describe: _____

_____

Are you currently taking any blood thinning, blood sugar, high blood pressure/hypertension medications?

If yes, you may consider consulting your health practitioner for guidance on using RESTORE ManAge.
Note medications for reference: _____

Are you taking any prescription drugs such as anti-depressants or anti-anxiety drugs which have adverse side effects that may compromise physical intimacy desire and function?

If yes, you may consider consulting your health practitioner for guidance on using RESTORE ManAge.
Note medications for reference: _____

Quality of Life, including energy, sleep, desire for emotional or physical intimacy, covers a wide spectrum of symptoms - some apply to certain men and not to others. Some entries may seem unrelated to physical conditions, but are included due to the vascular or neural influences of certain cell-signaling factors.

Check √ or write"0" under No if you do not currently observe or experience the symptom listed.

Check "1 to 10" if you currently observe the symptom listed.

If "**yes**", please assign a number from 1 to 10 to indicate the degree of the symptom:
1 = very mild, or very decreased or reduced 10 = very severe, or very increased

On a scale of 1 to 10,

___ Rate your overall stress level? 1 none 10 extremely stressed
___ Rate your overall quality of life. 1 wonderful 10 very bad
___ Rate the impact life age changes have had on the physical challenges on your sex life.
1 minimal 10 severely impacted

Please remember to complete each entry, even with a 0 or NA (not applicable).

Physical Constitution

No	Yes	If Yes, score 1 = very mild or hardly noticeable 10 = very severe
___	___	Stiffness getting up and out of bed in the morning
___	___	General daytime fatigue
___	___	Amount of excess / unwanted visceral (abdominal) fat: # of ___ lbs wanting to lose
___	___	Unwillingness to be physically active
___	___	Problems with thinning hair on the head
___	___	Problem with appearance of unwanted facial or body hair
___	___	Unwanted visceral (stomach) fat

Gastrointestinal/Abdominal

No	Yes	If yes, score 1=very mild 10=very severe
___	___	Bloated feeling after eating
___	___	IBS (irritable bowel syndrome) UC or Crohn's
___	___	Diarrhea that is undiagnosed
___	___	Chronic issues with constipation

Urinary

No	Yes	If yes, score 1=very mild 10=very severe
___	___	Difficulty starting to urinate when ready
___	___	Difficulty to stop urinating – dripping, once done
___	___	Once done urinating, still feeling the need to go – bladder never seems empty
___	____	Getting up at night to urinate If yes, how many times a night? ___

Respiratory

No	Yes	If yes, score 1=very mild 10=very severe
___	___	Shortness of breath or easily tired when doing physical activities.
___	___	Need to use asthma meds

Neurological

No	Yes	If yes, score 1=very mild 10=very severe
___	___	Frequent headaches
___	___	Mental confusion, problems with short-term memory
___	___	Dizziness, especially when standing or sitting up or changing positions

Sexual Performance

No	Yes	If yes, score 1 = very mild 10 = very severe / difficult
___	___	Difficulty becoming physically stimulated to have sex
___	___	Difficulty in achieving climax
___	___	Difficulty maintaining interest once intimacy has begun

This past week did you have a desire to be physical intimate yes ___ no ___

If yes, how many times each week does it happen ___
If yes, did you consummate those feelings yes ___ no ___ sometimes ___

Sleep

No	Yes	If yes, score 1 = very mild 10 = very severe
___	___	Fitful sleeping / irregular sleep patterns / unable to stay asleep
___	___	Unable to fall asleep / insomnia
___	___	Mouth-breaking while sleeping

Psychological

No	Yes	If yes, score 1 = very mild, rarely 10 = very severe, debilitating
___	___	Problems with recall or short-term memory
___	___	Anxiety about lack of desire to become intimate sexually
___	___	Not feeling virile to a partner
___	___	Unable to feel calm or relaxed
___	___	Feeling depressed or unhappy
___	___	Feeling anxious or stressed
___	___	Feeling that one's life expectancy is reduced
___	___	Development of increased fears / fears becoming part of daily thoughts
___	___	Feeling inadequate

Appetite / Oral

No	Yes	If yes, score 1=very mild, 10=very severe
___	___	Excessive sugar cravings or desire for sweets
___	___	Excessive salt cravings or desire for salty foods

Musculoskeletal

No	Yes	If yes, score 1=very mild 10=very severe
___	___	Muscle tension, soreness or tightness in movements, especially upon wakening.
___	___	Joint pain or rheumatoid arthritis
___	___	Other, if so, please describe _____

Other Symptoms – please add additional observances, thoughts, or feelings.

No	Yes	Score (1-10)	
___	___	_____	_____
___	___	_____	
___	___	_____	

Prescription Drug use? If so, what? _____

_____

Please hold onto your assessment each time completed for reference or to provide to your health care provider.

RESTORE ManAge formula aids in signaling natural Testosterone, HGH, and Leptin