

****ACIDIC CHECK LIST****

DO YOU HAVE ANY OF THESE HEALTH CONCERNS?

NAME: _____ Start Date _____

Determining your acidity levels is not an exact science, but this Self - Test can help you get a better idea of how urgently you need to begin alkalizing your body. The idea is this: The more symptoms, the more acidic you may be and the more urgent it is for you to begin an alkalizing program.

ACIDIC SYMPTOMS CHECKLIST

Rate yourself on a 0 to 10 scale. (0 or Blank = No Symptom, 10 = Severe Symptom)

- | | | |
|--|---|---|
| <input type="checkbox"/> ACID REFLUX
<input type="checkbox"/> ACNE
<input type="checkbox"/> AGE-RELATED MUSCLE WASTING
<input type="checkbox"/> ALL FORMS OF CANCER
<input type="checkbox"/> AIR BORNE ALLERGIES
<input type="checkbox"/> FOOD ALLERGIES
<input type="checkbox"/> ARTHRITIS
<input type="checkbox"/> ASTHMA
<input type="checkbox"/> ATHLETE'S FOOT
<input type="checkbox"/> ATTENTION DEFICIT DISORDER
<input type="checkbox"/> BACTERIAL INFECTIONS
<input type="checkbox"/> BLOATING
<input type="checkbox"/> BRONCHITIS
<input type="checkbox"/> CALCIUM KIDNEY STONES
<input type="checkbox"/> CANDIDA
<input type="checkbox"/> CANCER
<input type="checkbox"/> COLD HANDS & FEET
<input type="checkbox"/> COLD SORES
<input type="checkbox"/> COLITIS
<input type="checkbox"/> CONSTIPATION
<input type="checkbox"/> CROHN'S DISEASE
<input type="checkbox"/> CYSTITIS
<input type="checkbox"/> DEPRESSION
<input type="checkbox"/> DIABETES TYPE I
<input type="checkbox"/> DIABETES TYPE II
<input type="checkbox"/> DIARRHEA
<input type="checkbox"/> DIFFICULTY LOSING WEIGHT
<input type="checkbox"/> DIVERTICULITIS

<u>OTHER CONCERNS:</u>

_____ | <input type="checkbox"/> DIZZINESS
<input type="checkbox"/> EAR ACHES
<input type="checkbox"/> ENDOMETRIOSIS
<input type="checkbox"/> EXCESS HAIR LOSS
<input type="checkbox"/> EXCESS MUCOUS
<input type="checkbox"/> EXERCISE-INDUCED ASTHMA
<input type="checkbox"/> FIBROMYALGIA
<input type="checkbox"/> FLU & COLDS
<input type="checkbox"/> FOOD ALLERGIES
<input type="checkbox"/> FUNGAL INFECTIONS
<input type="checkbox"/> GASTRITIS
<input type="checkbox"/> GOUT
<input type="checkbox"/> HARD TO GET UP A.M.
<input type="checkbox"/> HAY FEVER
<input type="checkbox"/> HEART BURN
<input type="checkbox"/> HIVES
<input type="checkbox"/> HODGKIN'S DISEASE
<input type="checkbox"/> HYPERACTIVITY
<input type="checkbox"/> IMPOTENCE
<input type="checkbox"/> INSOMNIA
<input type="checkbox"/> IRREGULAR HEARTBEAT
<input type="checkbox"/> JOINT PAIN
<input type="checkbox"/> LACK OF SEX DRIVE
<input type="checkbox"/> LEAKY GUT
<input type="checkbox"/> LEARNING DISABILITIES
<input type="checkbox"/> LEUKEMIA
<input type="checkbox"/> LOSS OF CONCENTRATION
<input type="checkbox"/> LOW ENERGY | <input type="checkbox"/> MEMORY LOSS
<input type="checkbox"/> METALLIC TASTE IN MOUTH
<input type="checkbox"/> MILD HEADACHES
<input type="checkbox"/> MIGRAINE HEADACHES
<input type="checkbox"/> MULTIPLE SCLEROSIS
<input type="checkbox"/> MUSCULAR PAIN
<input type="checkbox"/> NUMBNESS & TINGLING
<input type="checkbox"/> OSTEOPOROSIS
<input type="checkbox"/> PROSTATE PROBLEMS
<input type="checkbox"/> PRE-MENSTRUAL CRAMPING
<input type="checkbox"/> PSORIASIS
<input type="checkbox"/> RHEUMATOID ARTHRITIS
<input type="checkbox"/> SARCOIDOSIS
<input type="checkbox"/> SCHIZOPHRENIA
<input type="checkbox"/> SCLERODERMA
<input type="checkbox"/> SINUSITIS
<input type="checkbox"/> STAPH & STREP INFECTIONS
<input type="checkbox"/> STRONG SMELLING URINE
<input type="checkbox"/> THOUGHTS OF SUICIDE
<input type="checkbox"/> WELLING
<input type="checkbox"/> SYSTEMIC LUPUS
<input type="checkbox"/> TUBERCULOSIS
<input type="checkbox"/> URETHRITIS
<input type="checkbox"/> URINARY INFECTION
<input type="checkbox"/> VISION DISTURBANCE
<input type="checkbox"/> WEIGH GAIN
<input type="checkbox"/> WHITE COATED TONGUE
<input type="checkbox"/> YEAST INFECTION
<input type="checkbox"/> PANIC ATTACKS
<input type="checkbox"/> CHEMICAL SENSITIVITIES |
|--|---|---|

WATER CONSUMPTION TRACKING CHART

Some health professionals recommend: You should consume, at least, 3/4 to 1 ounce of water for each pound of your body weight, if you want to lose weight or change a chronic health problem.

Put a mark on the appropriate day for every 8-ounce glass of Kangen Water you drink.

Week 1	Week 2	Week 3	Week 4	Week 5
Mon	Mon	Mon	Mon	Mon
Tues	Tues	Tues	Tues	Tues
Wed	Wed	Wed	Wed	Wed
Thur	Thur	Thur	Thur	Thur
Fri	Fri	Fri	Fri	Fri
Sat	Sat	Sat	Sat	Sat
Sun	Sun	Sun	Sun	Sun

CONTACT: