

Tracking Your Personal BEMER Progress

Every 2-4 weeks, in the next columns, continue to rate your areas of concern on the 0-10 scale and total at the bottom.

Scale 0= No concern any longer, 1= Slight Concern TO 10 =Extremely Concerned

START DATE _____

Area Of Concern	Baseline Scale rate 1 to 10	2 weeks rate 1 to 10	4 weeks rate 1 to 10	2 months rate 1 to 10	3 months rate 1 to 10	4 months rate 1 to 10
TOTAL POINTS						

In addition to the obvious concerns, remember to track: Energy Level, Sleep Issues, Discomfort, Flexibility, Stress Levels, Waste elimination