

- Take the eval before starting Noni or as soon as possible right after starting it
- After 1 or 2 months of taking Noni, reevaluate
- Compare results
- In another couple months, complete it again

Describe how you feel, plus any pain or other symptoms you may have there.

1. When I wake up in the morning \_\_\_\_\_
2. At bedtime \_\_\_\_\_
3. After eating \_\_\_\_\_
4. My overall stamina \_\_\_\_\_
5. My head \_\_\_\_\_
6. My eyes \_\_\_\_\_
7. My hearing \_\_\_\_\_
8. My sinuses \_\_\_\_\_
9. My teeth and gums \_\_\_\_\_
10. My neck \_\_\_\_\_
11. My shoulders \_\_\_\_\_
12. My back \_\_\_\_\_
13. My hips \_\_\_\_\_
14. My knees and ankles \_\_\_\_\_
15. My feet and toes \_\_\_\_\_

16. My libido \_\_\_\_\_
17. My bladder and urinary tract \_\_\_\_\_
18. My bowel regularity \_\_\_\_\_
19. My skin \_\_\_\_\_
20. My hands and fingers \_\_\_\_\_
21. My nails and cuticles \_\_\_\_\_
22. My joints \_\_\_\_\_
23. My circulation \_\_\_\_\_
24. My heart \_\_\_\_\_
25. My lungs \_\_\_\_\_
26. Other internal organs I have problems with \_\_\_\_\_
27. My menstrual cycles (or how I react to hers) \_\_\_\_\_
28. My energy level \_\_\_\_\_
29. My stress level \_\_\_\_\_
30. My ability to feel calm, still and centered \_\_\_\_\_
31. My body weight is \_\_\_\_\_
32. My emotions are \_\_\_\_\_
33. My ability to think clearly \_\_\_\_\_
34. My ability to remember important things \_\_\_\_\_
35. Other areas of my body not mentioned here \_\_\_\_\_
36. I am taking Noni juice for \_\_\_\_\_
37. I think Noni juice will \_\_\_\_\_
38. The one thing I would like most to change about my health is  
\_\_\_\_\_