

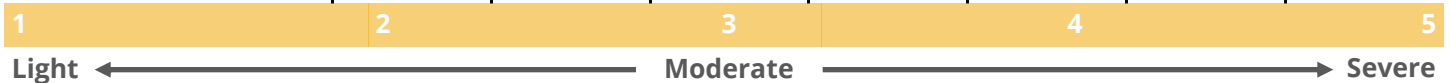


# DR. CHRISTIANSON'S 7 DAY MRD CHALLENGE

1. Why are you doing this? \_\_\_\_\_
2. Health (improve brain fog, energy, etc.) \_\_\_\_\_
3. Disease Risk: (help autoimmunity, blood sugar, etc.) \_\_\_\_\_
4. Appearance (what do you want to improve?) \_\_\_\_\_

**SYMPTOM SURVEY:** Please rate the following symptoms each day at bedtime. Rate each from 1-5, 1 being lowest, 5 being highest.

Day	1	2	3	4	5	6	7
Food Cravings							
Poor Quality Sleep							
Fatigue Throughout the Day							
Unusual Gas and Bloating							
Muscle Pain							
Severe Brain Fog							
New Skin Rashes							
Loose or Erratic Stools							
Nasal Congestion							



## BASELINE NUMBERS:

DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
DATE _____	DATE _____	DATE _____	DATE _____	DATE _____	DATE _____	DATE _____
RHR _____	RHR _____	RHR _____	RHR _____	RHR _____	RHR _____	RHR _____
WAIST _____	WAIST _____	WAIST _____	WAIST _____	WAIST _____	WAIST _____	WAIST _____
SCORE _____	SCORE _____	SCORE _____	SCORE _____	SCORE _____	SCORE _____	SCORE _____

Notes: \_\_\_\_\_

\*score is total from symptom survey