

Evaluate the Results

- Weight: Before _____ After _____
- Waist circumference: Before _____ After _____

Improvement Scale

ON A SCALE OF 1 TO 5, with 5 being the greatest result, check the improvements you experienced on the 10-Day Blood Type Diet Challenge.

Sleep	① ② ③ ④ ⑤
Energy	① ② ③ ④ ⑤
Bloating	① ② ③ ④ ⑤
Heartburn	① ② ③ ④ ⑤
Elimination	① ② ③ ④ ⑤
Stress reduction	① ② ③ ④ ⑤
Joint pain	① ② ③ ④ ⑤
Headaches	① ② ③ ④ ⑤
Mental clarity	① ② ③ ④ ⑤
Skin condition	① ② ③ ④ ⑤
Other _____	① ② ③ ④ ⑤
Other _____	① ② ③ ④ ⑤