

# SELF-REFLECTION QUESTIONNAIRE

DATE: / /

**MY DATA**

WEIGHT

HEIGHT

BMI

BLOOD PRESSURE

PULSE

WATER UPTAKE 

MOOD-TRACKER 

SLEEP QUALITY 

PAIN-TRACKER 

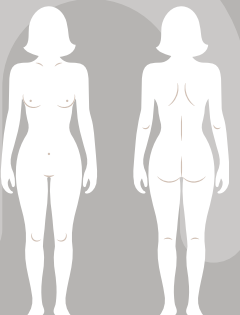
**MY GOALS**

- IMPROVEMENT OF PERFORMANCE
- IMPROVEMENT OF WELL-BEING
- IMPROVEMENT OF GENERAL HEALTH
- IMPROVEMENT OF APPEARANCE
- REDUCTION OF PAIN
- MUSCULATURE BUILD UP
- LOSS OF WEIGHT/ BODY FAT


**GENERAL OBSERVATIONS**

MY FEELINGS TODAY

**GENERAL OBSERVATIONS**

PAIN OBSERVATION SCALE 

QUALITY OF SLEEP

 **GO QUANTUM**  
INFORMATION FOR YOUR FIELD