AloeElite™ Progress Chart

Use this chart to assist you in keeping track of your progress.
At the end of each thirty-day period, fax (Toll Free 888-299-2344 / Intl 305-731-2001) your completed chart.

Name:_____ Health Issue or Diagnosis: _____ Contact Phone #:_____

Instructions: Each evening, enter a number representing the intensity of your symptoms for that day, with “0” indicating no symptoms at all and “10” indicating the most severe. Any symptoms listed which do not apply to your condition may be disregarded. In the blank spaces, please insert any unlisted symptoms you are experiencing.

Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Example:																														
Number of Capsules Taken	4	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8
Number of Bowel Movements	8	6	7	7	8	9	6	6	7	8	7	8	6	6	7	5	4	4	3	4	3	3	2	4	2	2	3	2	2	1
Cramping	7	9	7	8	7	6	6	5	6	5	5	7	4	3	4	2	4	3	2	2	3	1	0	1	0	2	1	1	0	0
Rectal Bleeding	8	8	8	9	9	7	8	8	7	7	6	6	7	5	6	7	5	3	5	4	2	3	2	3	1	2	1	0	1	1
Start Recording Data Below:																														
Number of Capsules Taken																														
Number of Bowel Movements																														
Cramping																														
Rectal Bleeding																														
Passing Mucus																														
Diarrhea/Loose Stool																														
Constipation																														
Nausea																														
Fatigue																														
Gas/Bloating																														
Acid Reflux/GERD																														
List and Rate Other Symptoms Below:																														
_____																														
_____																														
_____																														
Was Diet Followed This Day?:																														

On the back of this page, please list any information that may assist our specialists in accurately evaluating your progress. For example, include medications or supplements taken, note stressful situations which may have affected your condition, etc. Remember, you are on the road to good health! All things are possible.