

7-DAY CHALLENGE

self-assessment



For keto recipes, advice, and more
get the free app at bit.ly/KetoUK28

♥ This self-assessment is designed to gently help you notice what's going on in your body, mind, and health. You can complete as much or as little as feels right — it's for your eyes only. You might be surprised at what shifts in just a week when you start paying attention. Fill it in on Sunday and then revisit it the following Sunday evening or Monday morning and note down any changes. ♥

🧑🏻 BODY & SKIN: How your body looks, feels, and functions

- Body Measurements (e.g. waist, hips, arms – optional): _____
- Body Composition (muscle vs. fat – how you feel or measured): _____
- Clothing Fit / Size: _____
- Comfort Getting Dressed / In Your Body: _____
- Weight (optional): _____
- Skin Condition (dryness, breakouts, itchiness, etc.): _____
- Hair Condition (strength, shine, loss/shedding): _____
- Nail Health (brittle, strong, smooth): _____
- Eyes (brightness, puffiness, clarity): _____
- Other Body Observations: _____

🍽️ APPETITE & DIGESTION: How your food feels and how your gut reacts

- Appetite Level (ravenous, steady, reduced): _____
- Cravings (sweet, salty, carb-based, alcohol, etc.): _____
- Bloating: _____
- Indigestion: _____
- Acid Reflux / Heartburn: _____
- Stomach Upsets (queasiness, cramps): _____
- Constipation / Diarrhoea: _____
- Other Digestive Concerns: _____

😴 SLEEP & MOOD: How you feel mentally and emotionally

- Sleep Duration (hours per night): _____
- Sleep Quality (restful, interrupted, vivid dreams, etc.): _____
- Energy Levels (morning/afternoon/evening): _____
- Mood Stability: _____
- Focus / Concentration: _____
- Memory / Recall: _____
- Depression / Low Mood: _____
- Anxiety / Worry: _____
- Other Mental/Emotional States: _____

😣 ACHES & PAINS: Discomfort in your joints, head, muscles, etc.

- Joint Stiffness / Flexibility: _____
- Joint Pain: _____
- Headaches / Migraines: _____
- Back Pain: _____
- Tooth/Gum Pain or Sensitivity: _____
- Other General Pain or Discomfort: _____

🩺 HEALTH MARKERS & CONDITIONS: Optional medical indicators – only track what feels relevant to you

- Blood Pressure (if known): _____
- Fasting Blood Glucose (if known): _____
- Other Self-Measured Markers (e.g. ketones, HRV): _____
- Existing Health Conditions / Diagnoses: _____
- Specific Symptoms You're Monitoring (flare-ups, patterns, improvements): _____

🌟 General Wellbeing

Anything else you'd like to track such as habits, mindset, or self-talk.

→ _____
→ _____

💡 Reflection

What are you most hoping will change, ease, or improve in the coming week?
(It might be a feeling, a symptom, a habit, or just a sense of clarity.)

→ _____
→ _____

