

BEFORE Starting Your 30-Day Challenge



RLG Performance Score = _____ /120 Date _____

1. BEFORE taking the Revii Life Global (RLG) Products for 30-Days, determine your rating for all 12 categories based on how much you agree or disagree with each statement:

1 = Strongly Disagree 10 = Strongly Agree

2. DETERMINE your BEFORE RLG Performance Score by adding all the ratings for each of the 12 statements. Then recording your total score and date above.

3. AFTER experiencing the RLG Products for 30-days, take another snapshot on the other side of this page and COMPARE both RLG Performance Scores and see how you are Revitalizing Your Life!

1 PAIN / INJURY

I move well without pain and fully recover from all injuries.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10

7 SKIN / HAIR / NAILS

My skin is radiant and soft, and my hair and nails are strong and grow fast.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10

2 VISION / EYES

I can comfortably see clearly what I want all day.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10

8 DIGESTION / IMMUNITY

I feel great after meals, and all the colds and flu seems to skip right over me.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10

3 MOOD / STRESS

My mood stays elevated even in high stress situations.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10

9 WEIGHT / APPEARANCE

I am excited to look in the mirror and step on the scale.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10

4 SLEEP / DREAMS

I fall asleep easily, stay asleep all night, and wake up refreshed.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10

10 CRAVINGS / ADDICTIONS

I easily walk past the bad choices and only choose the good stuff.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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5 AGING / BEAUTY

I look and feel younger than my number.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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11 ATHLETICS / PERFORMANCE

My body is ready for a physical challenge at all times.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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6 ENERGY / STAMINA

I have steady energy all day.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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12 MENTAL CLARITY / MEMORY

I recall information easily when I need to remember it.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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AFTER Your 30-Day Challenge

RLG Performance Score = _____ /120 Date _____

1. AFTER experiencing the Revia Life Global (RLG) Products for 30-days, determine your rating for all 12 categories based on how much you agree or disagree with each statement:

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2. DETERMINE your AFTER RLG Performance Score by adding all the ratings for each of the 12 statements. Then recording your total score and date above.

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3. COMPARE both your BEFORE and AFTER RLG Performance Scores and see how you are Revitalizing Your Life after 30-days of using the RLG Products.

4. CONTINUE to track and compare your RLG Performance Scores every 30-days with additional sheets.

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