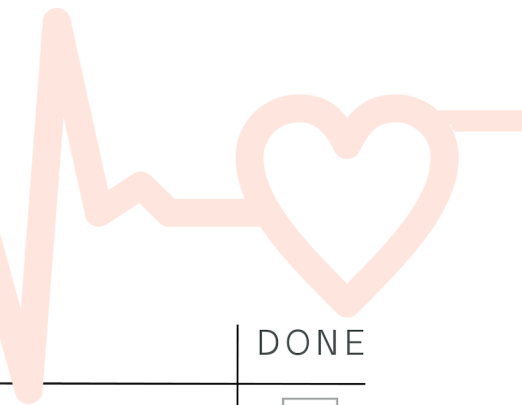
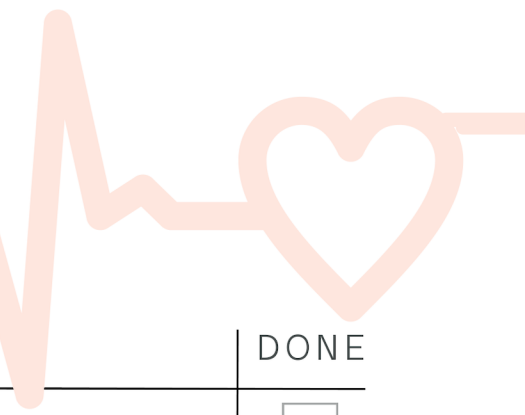


THE WW BODY AUDIT CHECKLIST #1



DAY	TASK	DONE
01	Watch the snappy tutorial	<input type="checkbox"/>
02	Do the self discovery worksheet	<input type="checkbox"/>
03	TEETH: Dentists Appt / new toothbrush	<input type="checkbox"/>
04	Notice personal patterns and priorities	<input type="checkbox"/>
05	Am I happy with my GP?	<input type="checkbox"/>
06	Update emergency contact information	<input type="checkbox"/>
07	Trust myself: noone knows what its like to live in this body but me!	<input type="checkbox"/>
08	BOOBS: mammogram / sports bra / boob check etc	<input type="checkbox"/>
09	Medical Kit review and replenish	<input type="checkbox"/>
10	Specialist Support: what do I need?	<input type="checkbox"/>
11	EARS: hearing tests	<input type="checkbox"/>
12	Blood Pressure Check	<input type="checkbox"/>
13	Immunisation Review	<input type="checkbox"/>
14	EYES: eye examination	<input type="checkbox"/>
15	Diarise the WW Working Bee	<input type="checkbox"/>
16	Catch Up Day - YAY	<input type="checkbox"/>
17	BOWEL: Colorectal Screening	<input type="checkbox"/>
18	Medication Review	<input type="checkbox"/>
19	BONES: DEXA scan / Vitamin D / Calcium / resistance training	<input type="checkbox"/>
20	Resistance and Priorities: do I prioritse my car before my body?	<input type="checkbox"/>

THE WW BODY AUDIT CHECKLIST #2



DAY	TASK	DONE
21	SKIN: mole map or skin check	<input type="checkbox"/>
22	CERVICAL: PAP test or smear test scheduling	<input type="checkbox"/>
23	Personal risk factor planning and screening	<input type="checkbox"/>
24	HORMONES: female hormonal support or testing	<input type="checkbox"/>
25	Q & A call for Questions	<input type="checkbox"/>
26	DIABETES: Blood glucose testing	<input type="checkbox"/>
27	HEART: cholesterol testing	<input type="checkbox"/>
28	SUPPLEMENTS: review -am I best supporting my body?	<input type="checkbox"/>
29	Month wrap up: additional Body Audit suggestions below...	<input type="checkbox"/>
30	Coronary Screening	<input type="checkbox"/>
31	Pelvic Exam	<input type="checkbox"/>
32	Ovarian Screening	<input type="checkbox"/>
33	TSH test for thyroid functions	<input type="checkbox"/>
34	STI tests	<input type="checkbox"/>
35	Medical Insurance Review	<input type="checkbox"/>
36	Physiotherapy: whats not working or feeling as it could?	<input type="checkbox"/>
37	STRENGTH: Resistance Training. Do I need a class or PT?	<input type="checkbox"/>
38	FEET: podiatrist or new trainers?	<input type="checkbox"/>
39	SLEEP: any tweaks to my sleep hygiene?	<input type="checkbox"/>
40	Other...	<input type="checkbox"/>