

LET'S START

# Day one self-assessment

How committed are you to completing the course and making the necessary changes?



What are your top three menopausal symptoms or concerns right now, and what would you like to achieve by the end of the course?

**CURRENTLY**

**GOAL**

What other health concerns do you have, and what would you like to achieve?

**CURRENTLY**

*e.g. Low energy*

**GOAL**

*e.g. Energised and motivated*



**INTRODUCE YOURSELF**

Join the Facebook group and say hello. We're excited to meet you.