

PROOFMODE HEALTH

Show Me the Receipts

Complete Reader Toolkit

Eight pharmacist-designed worksheets to help you reduce confusion, screen questions, evaluate evidence, simplify your routine, and track what actually works.

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HOW TO USE THIS TOOLKIT

Choose the chapter that matches your biggest problem today. Complete one worksheet before moving to another. This is a system for making clearer decisions - not a challenge to do everything at once.

1	Confusion Bill Calculator
2	Medication and Supplement Safety Gate
3	Receipts Ladder Proof Checklist
4	Label Red Flags Card
5	PASS / FAIL / TEST Cabinet Purge
6	Weakest Lever Quiz
7	Minimalist Stack Builder
8	30-Day Proof Loop Tracker

THE PROOFMODE STANDARD

Is it safe for me? Is there meaningful evidence? Is it worth testing in a simple, trackable way?

Educational use only. This worksheet does not diagnose, prescribe, establish safety, or replace individualized care. Do not start, stop, or change medications or medically necessary treatment based solely on this tool. Review personal questions with an appropriately licensed healthcare professional.

CHAPTER 1 COMPANION

Confusion Bill Calculator

See what health confusion has cost you in money, clutter, time, and attention.

QUICK START

Set aside 10 minutes. Use a pencil or pen. Honest estimates beat perfect answers.

1. MONEY AUDIT

	\$	☐ Yes ☐ Partly ☐ No	
	\$	☐ Yes ☐ Partly ☐ No	
	\$	☐ Yes ☐ Partly ☐ No	
	\$	☐ Yes ☐ Partly ☐ No	
	\$	☐ Yes ☐ Partly ☐ No	
	\$	☐ Yes ☐ Partly ☐ No	
	\$	☐ Yes ☐ Partly ☐ No	

Estimated total spent: \$ _____ Estimated money wasted: \$ _____

2. CABINET AUDIT

			☐ Keep ☐ Review ☐ Remove
			☐ Keep ☐ Review ☐ Remove
			☐ Keep ☐ Review ☐ Remove
			☐ Keep ☐ Review ☐ Remove
			☐ Keep ☐ Review ☐ Remove
			☐ Keep ☐ Review ☐ Remove
			☐ Keep ☐ Review ☐ Remove

3. HEADSPACE AUDIT

- ☐ I regularly research health products without making a clear decision.
- ☐ I feel guilty about products I bought but do not use.
- ☐ I add new products before evaluating old ones.
- ☐ I cannot clearly explain why I take everything in my routine.
- ☐ I feel overwhelmed when I look at my cabinet or health plan.

What has confusion cost me besides money?

YOUR CONFUSION BILL

Money spent without clear value	\$
Unused or duplicate products	
Hours spent researching or second-guessing	
Mental bandwidth: Low / Medium / High	
Confidence lost: Low / Medium / High	

Circle one product or expense I cannot honestly say is helping:

The first thing I will stop, review, or simplify:

YOUR NEXT MOVE

Take a photo of your cabinet today. Keep it as your before picture. Then run anything uncertain through the Safety Gate before making changes.

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CHAPTER 2 COMPANION

Medication and Supplement Safety Gate

Organize the questions that must be answered before anything new earns a place in your routine.

QUICK START
Set aside 15 minutes. Use a pencil or pen. Honest estimates beat perfect answers.

STOP BEFORE YOU START
This is an educational screening worksheet - not an interaction checker. A PASS means your basic questions are answered; it does not guarantee safety. Never stop a prescribed medication based on this worksheet.

1. CURRENT ROUTINE

2. RUN ONE ITEM THROUGH THE GATE

Product or change being considered:

-
- ☐ I checked it against all prescription and nonprescription medications I use.
- ☐ I considered my diagnoses, allergies, pregnancy status, age, kidney/liver function, and other personal risks.
- ☐ Every ingredient and dose is clearly disclosed.
- ☐ I know its specific purpose and what outcome I would track.
- ☐ I reviewed timing, spacing, duplication, and combined effects.
- ☐ I know which symptoms or changes mean I should stop and seek help.

PASS	All six questions have credible answers and no unresolved professional-review issue remains.
PAUSE	One or more answers are incomplete, uncertain, or need pharmacist/prescriber review.
NO	A qualified professional identifies a clear reason not to use it, or the label/purpose is not trustworthy.

3. QUESTIONS FOR MY PHARMACIST OR PRESCRIBER

- ☐ Could this change how any of my medications work?
- ☐ Could effects add together - such as bleeding, sedation, stimulation, blood pressure, blood sugar, or serotonin effects?
- ☐ Does it need to be separated from a medication, food, mineral, or laboratory test?
- ☐ Does it duplicate something already in my routine?
- ☐ What side effects or warning signs should I watch for?
- ☐ How will we know whether it is helping?

Notes from the professional review:

YOUR NEXT MOVE

Choose every item that remains unresolved and mark it PAUSE. Bring this worksheet and your complete current list to a pharmacist or prescriber.

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CHAPTER 3 COMPANION

Receipts Ladder Proof Checklist

Rank the strongest evidence behind a product or claim - not the confidence of the person selling it.

QUICK START

Set aside 10 minutes. Use a pencil or pen. Honest estimates beat perfect answers.

THE FIVE-RUNG LADDER

5	Systematic reviews / strong bodies of human evidence	Multiple relevant studies considered together.
4	Randomized controlled human trials	Useful human evidence when design, size, outcome, and population fit.
3	Observational or limited human evidence	A signal worth noticing, but not proof of cause and effect.
2	Animal, laboratory, mechanistic, or extrapolated evidence	Interesting early evidence with major limits for real-life human outcomes.
1	Testimonials, authority, marketing, or pure hype	A story or claim - not dependable evidence of effectiveness.

The exact claim I am checking:

THE 30-SECOND RECEIPTS TEST

- ☐ What is the strongest evidence - and where can I see it?
- ☐ Does the evidence measure an outcome I actually care about?
- ☐ Were people sufficiently like me included?
- ☐ Is the idea safe, reasonable, affordable, and simple enough to test?

Who funded or sells it?	
Human study or something else?	
Number and type of participants?	
Compared with what?	
How large and meaningful was the effect?	
What harms, dropouts, or limitations appeared?	

MY VERDICT

IGNORE	☐ Rung 1-2 or marketing outruns evidence	
STAY CURIOUS	☐ Rung 3 or important uncertainty remains	
CONSIDER A TEST	☐ Rung 4-5, Safety Gate cleared, outcome trackable	
SEEK REVIEW	☐ Personal safety or interpretation needs expertise	

Would I still trust this if the story and packaging disappeared?

YOUR NEXT MOVE

Do not buy while researching. Decide only after you can name the rung, the meaningful outcome, the limitations, and the next safe step.

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CHAPTER 4 COMPANION

Label Red Flags Card

Ignore the sales story on the front. Inspect the facts on the back.

QUICK START

Set aside 5 minutes. Use a pencil or pen. Honest estimates beat perfect answers.

THE SEVEN-POINT HONESTY SCREEN

- ☐ Every active ingredient and its amount are clearly listed.
- ☐ The claim is specific enough to mean something.
- ☐ The company provides meaningful quality and testing transparency.
- ☐ The serving size is realistic for normal long-term use.
- ☐ The label includes appropriate cautions and directions.
- ☐ The company is identifiable, reachable, and accountable.
- ☐ The formula is not overloaded with unnecessary ingredients, fillers, or noise.

THE RULE

Passing this screen does not prove the product works or is safe for you. It only earns further review through the Safety Gate and Receipts Ladder.

LABEL REVIEW

Product and company:

Exact ingredient amounts		☐
Proprietary or hidden blend		☐
Specific, supportable claims		☐
Realistic serving size		☐
Cautions and contraindications		☐
Quality/testing transparency		☐
Company identity and contact		☐
Fillers, dyes, allergens, extras		☐

SORT THE LABEL

Clear and transparent enough to evaluate further.	Important information is vague, missing, or needs clarification.	Hidden doses, misleading claims, major transparency problems, or no credible accountability.

What would I still need to verify before buying or continuing this product?

Would I still buy this if I could see only the back label?

YOUR NEXT MOVE

Photograph the Supplement Facts, other ingredients, cautions, lot number, and company information. Keep those receipts before you decide.

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CHAPTER 5 COMPANION

PASS / FAIL / TEST Cabinet Purge

Turn a cabinet full of good intentions into a short list of clear decisions.

QUICK START

Set aside 15-30 minutes. Use a pencil or pen. Honest estimates beat perfect answers.

THE TWO NON-NEGOTIABLE QUESTIONS

1. IS IT SAFE?

Has it cleared the Safety Gate for my medications, conditions, timing, duplication, dose, and personal risks?

2. DOES IT CLEARLY HELP?

Can I name its job, the outcome I track, and honest evidence that it earns its place?

PASS	Reasonably safe, clear purpose, transparent, and either clearly helpful or appropriate to continue.
FAIL	Unsafe, untrustworthy, expired, unnecessary, duplicative, or unable to justify its place.
TEST	Unresolved - with a two-week deadline to research, obtain professional review, or choose a formal Proof Loop.

CABINET INVENTORY

		☐ Y ☐ ?	☐ Y ☐ ?	☐ PASS ☐ FAIL ☐ TEST
		☐ Y ☐ ?	☐ Y ☐ ?	☐ PASS ☐ FAIL ☐ TEST
		☐ Y ☐ ?	☐ Y ☐ ?	☐ PASS ☐ FAIL ☐ TEST
		☐ Y ☐ ?	☐ Y ☐ ?	☐ PASS ☐ FAIL ☐ TEST
		☐ Y ☐ ?	☐ Y ☐ ?	☐ PASS ☐ FAIL ☐ TEST
		☐ Y ☐ ?	☐ Y ☐ ?	☐ PASS ☐ FAIL ☐ TEST
		☐ Y ☐ ?	☐ Y ☐ ?	☐ PASS ☐ FAIL ☐ TEST
		☐ Y ☐ ?	☐ Y ☐ ?	☐ PASS ☐ FAIL ☐ TEST
		☐ Y ☐ ?	☐ Y ☐ ?	☐ PASS ☐ FAIL ☐ TEST
		☐ Y ☐ ?	☐ Y ☐ ?	☐ PASS ☐ FAIL ☐ TEST

TEST PILE DEADLINE

One PASS item I will run through a future 30-Day Proof Loop:

What my FAIL pile taught me:

YOUR NEXT MOVE

Take a photograph of the full cabinet before and after. If a TEST item is still unresolved at its deadline, it does not remain in limbo.

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CHAPTER 6 COMPANION

Weakest Lever Quiz

Find the foundational area most likely to give you the biggest return right now.

QUICK START

Set aside 8 minutes. Use a pencil or pen. Honest estimates beat perfect answers.

SCORE EACH STATEMENT

Use 0 = rarely true, 1 = sometimes true, 2 = usually true. Lower totals indicate the lever that may need attention first.

SLEEP

I keep a reasonably consistent sleep and wake time.	☐	☐	☐
I usually wake feeling restored.	☐	☐	☐
My evening routine supports sleep rather than competing with it.	☐	☐	☐
I address persistent snoring, insomnia, or daytime sleepiness with appropriate help.	☐	☐	☐

NUTRITION

Most meals contain minimally processed food and adequate protein/fiber.	☐	☐	☐
My eating pattern is reasonably consistent rather than chaotic.	☐	☐	☐
I hydrate appropriately for my needs.	☐	☐	☐
My nutrition choices support my main health goal.	☐	☐	☐

STRESS

I have a reliable way to downshift from stress.	☐	☐	☐
My obligations leave some margin for recovery.	☐	☐	☐
Stress does not regularly drive my sleep, eating, or buying decisions.	☐	☐	☐
I seek support when stress exceeds my coping capacity.	☐	☐	☐

MOVEMENT

I move throughout most days.	☐	☐	☐
I include strength-building activity appropriate for me.	☐	☐	☐
I include aerobic activity appropriate for me.	☐	☐	☐
My routine is realistic enough to sustain.	☐	☐	☐

METABOLISM

I know the basic measurements relevant to my metabolic health.	☐	☐	☐
I respond to persistent changes in weight, energy, thirst, or appetite with appropriate evaluation.	☐	☐	☐
My sleep, food, stress, and movement habits support metabolic health.	☐	☐	☐
I use trends rather than one isolated number to judge progress.	☐	☐	☐

TOTALS AND PRIORITY

SLEEP		☐
NUTRITION		☐
STRESS		☐
MOVEMENT		☐
METABOLISM		☐

My weakest lever is:

Why this lever matters in my real life:

MY 30-DAY FOUNDATION EXPERIMENT

One small behavior	
When and where I will do it	
What I will measure	
My starting baseline	
Weekly review day	
Support I may need	

YOUR NEXT MOVE

Work on one lever, not all five. Run the chosen behavior through the 30-Day Proof Loop before adding more complexity.

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CHAPTER 7 COMPANION

Minimalist Stack Builder

Build the smallest routine that has one clear goal, a strong foundation, and a measurable job.

QUICK START

Set aside 10 minutes. Use a pencil or pen. Honest estimates beat perfect answers.

ONE GOAL RULE

My single primary goal: ☐ Sleep ☐ Stress ☐ Energy ☐ Other: _____

How I will know this goal is improving:

FOUNDATION FIRST

Sleep	
Nutrition	
Stress	
Movement	
Metabolism / appropriate evaluation	

THE FOUR HONEST QUESTIONS

- ☐ What specific job does this item have?
- ☐ Has it cleared my Safety Gate?
- ☐ What receipts support it for this goal?
- ☐ How will I test whether it earns its place?

		☐		
		☐		
		☐		
		☐		
		☐		

MINIMALIST STANDARD

Start with one lifestyle action. Add only a carefully considered support when needed. If the plan is crowded, vague, expensive, or impossible to explain in one breath, simplify again.

MY ONE-BREATH PLAN

My main goal is _____, and the smallest useful routine I can test is:

Morning			
Midday			
Evening			

What I am removing or postponing so the signal stays clear:

YOUR NEXT MOVE

Choose only one change to enter the 30-Day Proof Loop. A plan that cannot produce a clear signal cannot produce honest receipts.

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CHAPTER 8 COMPANION

30-Day Proof Loop Tracker

Change one thing. Track it. Decide. Repeat.

QUICK START

Set aside 5 minutes to set up; 1 minute daily. Use a pencil or pen. Honest estimates beat perfect answers.

STAGE 1 - BASELINE

One change I am testing	
Why it deserves a test	
Primary outcome	
How I will measure it	
Starting baseline	
What stays unchanged	
Possible risks / stop rules	
Who I will contact if concerned	

CLEAN-SIGNAL RULE

Do not begin several new supplements, habits, diets, or programs at the same time. One meaningful change gives you the clearest receipt.

DAILY TRACKER - DAYS 1-7

1	☐			
2	☐			
3	☐			
4	☐			
5	☐			
6	☐			
7	☐			

WEEK 1 REVIEW

What changed?

What else may have influenced the result?

Continue unchanged, adjust for safety, or seek help?

DAILY TRACKER - DAYS 8-14

8	☐			
9	☐			
10	☐			
11	☐			
12	☐			
13	☐			
14	☐			

WEEK 2 REVIEW

What changed?

What else may have influenced the result?

Continue unchanged, adjust for safety, or seek help?

DAILY TRACKER - DAYS 15-21

15	☐			
16	☐			
17	☐			
18	☐			
19	☐			
20	☐			
21	☐			

WEEK 3 REVIEW

What changed?

What else may have influenced the result?

Continue unchanged, adjust for safety, or seek help?

DAILY TRACKER - DAYS 22-28

22	☐			
23	☐			
24	☐			
25	☐			
26	☐			
27	☐			
28	☐			

WEEK 4 REVIEW

What changed?

What else may have influenced the result?

Continue unchanged, adjust for safety, or seek help?

DAYS 29-30 AND FINAL DECISION

29	☐			
30	☐			

KEEP	Benefit was clear, consistent, safe enough, and realistic to maintain.	☐
TWEAK	Some benefit appeared, but timing, dose, process, measurement, or adherence needs a careful adjustment.	☐
KILL	No meaningful improvement, unacceptable downside, poor fit, or no longer worth the cost and complexity.	☐

My receipts: What did the 30 days actually show?

My next single step:

YOUR NEXT MOVE

Record the decision. Do not let an inconclusive experiment quietly become a permanent routine. If safety concerns arose, seek appropriate professional guidance.

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