## Your Personal Minimum Kit

Your five lines, plus any blind spots of your own (Chapter 14). Cut it out and stick it on the fridge.

**My type of eating: _____**

| Blind spot | My verdict | What I do | Review date |
|---|---|---|---|
| B12 | | | |
| Iodine | | | |
| Beans and protein | | | |
| Iron | | | |
| Calcium | | | |
| Omega-3 | | | |
| Vitamin D | | | |
| Meal quality | | | |

**What I no longer need to worry about:**