

# Personal Health Assessment

The purpose of this assessment is to determine your risk of developing the degenerative diseases common among Americans. Although diagnostic testing can sometimes be important, the best testing can do is to detect disease at an early stage. A complete inventory of your diet and lifestyle can help you to determine whether or not changes need to be made in order to avoid becoming ill. It is always easier to prevent disease than to recover from it.

## Part I

### Diet

I eat breakfast:		# points
Every day	0 points	
Most days	1 point	
Rarely	2 points	
Never	3 points	

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I eat _____ meals per day		
5-6	0 points	
4	1 point	
2-3	2 points	
1	3 points	

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I eat _____ servings of fruit per day		
3-4	0 points	
2	1 point	
1	2 points	
Usually none	3 points	

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I eat _____ servings of vegetables per day		
8-9	0 points	
6-7	1 point	
5	2 points	
Fewer than 5	3 points	

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I eat \_\_\_\_\_ servings of whole grains per day

3 or more	0 points
2	1 point
1	2 points
Fewer than 1 per day	3 points

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I eat \_\_\_\_\_ servings of legumes per week

5 or more	0 points
3-4	1 point
1-2	2 points
Fewer than 1	3 points

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I eat foods containing ingredients like refined sugar, enriched flour and other negative ingredients:

Almost never	0 points
1-2 times per week	1 points
3-4 times per week	2 points
More than 4 times per week	3 points

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I consume artificial sweeteners:

Never	0 points
Occasionally	1 point
Weekly	2 points
More than one time per week	3 points

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I consume fast food:

Never	0 points
Occasionally	1 point
Weekly	2 points
More than one time per week	3 points

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I consume soft drinks:

Never	0 points
Occasionally	1 point
Weekly	2 points
More than once per week	3 points

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I consume animal foods (beef, dairy, chicken, eggs, fish, etc.):

Never	0 points
1-3 times per week	0 points
4 or more times per week	4 points
5 or more times per week	5 points

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(If not a vegetarian) I eat organic animal foods and wild fish:

Always	0 points
Sometimes	3 points
Never	5 points

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I consume dairy products:

Never	0 points
Weekly	2 points
Daily	3 points
More than once per day	5 points

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I drink 64 ounces of water:

Daily	0 points
Most days	1 point
Rarely	2 points
Almost never	3 points

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I drink the following types of water:

Carbon filtered	0 points
Bottled with minerals (like Evian or Fiji)	0 points
Bottled w/o naturally occurring minerals	2 points
Tap water	3 points
Reverse osmosis or distilled	3 points

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I drink alcohol:

1 time per week or less	0 points
2 times per week	1 point
3 times per week	2 points
4 or more times per week	3 points

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I consume oils (in salad dressings, cooking oils, in packaged foods):

- |                        |          |
|------------------------|----------|
| Almost never           | 0 points |
| Several times per week | 1 point  |
| Once per day           | 2 points |
| More than once per day | 3 points |
- 

I drink coffee:

- |                           |          |
|---------------------------|----------|
| Occasionally              | 0 points |
| Weekly                    | 1 point  |
| Daily                     | 2 points |
| More than one cup per day | 3 points |
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### **Smoking**

- |                               |          |
|-------------------------------|----------|
| I have never smoked           | 0 points |
| I quit over 5 years ago       | 0 points |
| I quit less than 5 years ago  | 1 point  |
| I quit less than one year ago | 2 points |
| I currently smoke             | 5 points |
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### **Sleep Habits**

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|--|----------|
| I regularly go to bed between<br>10:00 and 11:00PM | 0 points |
| I go to bed after 11:00PM                          | 1 point  |
| I go to bed after 12:00AM                          | 2 points |
| I need an alarm clock to wake up                   | 3 points |
| I fall asleep easily when I watch<br>TV or read    | 4 points |
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### **Stress:**

Please check off those issues that are currently causing you stress:

- |   |   |
|---|---|
| <input type="checkbox"/> Children                 | <input type="checkbox"/> Low self-esteem              |
| <input type="checkbox"/> Parents                  | <input type="checkbox"/> Divorce/separation           |
| <input type="checkbox"/> Spouse/significant other | <input type="checkbox"/> Moving                       |
| <input type="checkbox"/> Work circumstances       | <input type="checkbox"/> Not looking the way you want |
| <input type="checkbox"/> Co-worker                | <input type="checkbox"/> Boss                         |
| <input type="checkbox"/> Traffic                  | <input type="checkbox"/> Lack of exercise             |
| <input type="checkbox"/> Lack of sleep            | <input type="checkbox"/> Financial                    |
| <input type="checkbox"/> Physical illness         | <input type="checkbox"/> Not enough hours in the day  |
| <input type="checkbox"/> Unfulfilled expectations | <input type="checkbox"/> Can't say 'no'               |
| <input type="checkbox"/> No time to yourself      |   |

Assign one point for each item you checked above

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## **Relationships:**

I engage in social activities:

At least once per week	0 points
Fewer than once per week	1 point
Once per month	2 points
Rarely	3 points

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Marriage/significant other

I am happy being single	0 points
I am happily married	0 point
I am happy in a committed relationship	0 points
I am single and unhappy	2 points
I am married and unhappy	2 points
I am in a relationship and unhappy	2 points

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Friends:

I have supportive friends	0 points
My friends could be more supportive	1 point
My friends are not supportive	2 points
I need to make new friends	3 points

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General relationship:

Most of my relationships with others are good	0 points
Some of my relationships need improvement	2 points
I often have conflicts with other people	3 points

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## **Job/Career**

I like my job	0 points
I like only parts of my job	1 point
I wish I had a different job	2 points
I wish I had a different career	3 points

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## **Personal:**

I like myself	0 points
I like some aspects of myself	1 points
I need to make major improvements in myself	2 points
I don't like myself	3 points

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**Outlook:**

- I am very optimistic 0 points
  - I am usually optimistic 1 point
  - I often feel pessimistic 2 points
  - I tend to be pessimistic 3 points
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**Outlook Part II:**

- I have a good sense of humor 0 points
  - I can sometimes laugh at life 1 point
  - I have trouble maintaining my sense of humor 2 points
  - I generally do not have a good sense of humor 3 points
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**Exercise:**

- Number of days you work out:
- I work out 5 or more days/week 0 points
  - I work out 4 days per week 1 point
  - I work out 3 days per week 2 points
  - I work out 2 times/week or less 3 points
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- Length of each workout:
- My workouts are 45 minutes or longer each 0 points
  - My workouts are 30-40 minutes 1 point
  - My workouts are 15-25 minutes 2 points
  - My workouts are less than 20 minutes 3 points
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- I spend \_\_\_\_\_ minutes in my target heart zone during each workout:
- 45 minutes or more 0 points
  - 30-40 minutes 1 point
  - 20-30 2 points
  - Less than 20 3 points
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- I do weight training:
- 2 or more times per week 0 points
  - 1 time per week 1 point
  - A couple of times per month 2 points
  - Rarely 3 points
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Part I Sub-Total ..... 

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## Part II

Assign 3 points for every item checked below:

Do you often wake up feeling tired?..... \_\_\_\_\_

Do you regularly experience fatigue during the day?..... \_\_\_\_\_

Do you feel that you should be more energetic? ..... \_\_\_\_\_

Do you suffer from frequent headaches or migraines? ..... \_\_\_\_\_

Are you more than 10 pounds overweight? ..... \_\_\_\_\_

Do you have too much body fat? ..... \_\_\_\_\_

Does your weight fluctuate often? ..... \_\_\_\_\_

Do you experience lack of mental clarity or memory loss? ..... \_\_\_\_\_

Do you have problems with digestion? ..... \_\_\_\_\_

Do you have gastrointestinal problems? ..... \_\_\_\_\_

Do you have constipation on a regular basis? ..... \_\_\_\_\_

Do you have asthma? ..... \_\_\_\_\_

Do you have allergies? ..... \_\_\_\_\_

Do you frequently get colds, sinus congestion or flu-like symptoms?..... \_\_\_\_\_

Do you experience bouts of depression or anxiety?..... \_\_\_\_\_

Do you have arthritis?..... \_\_\_\_\_

Do you suffer from any autoimmune disorders?..... \_\_\_\_\_

Do your joints hurt? ..... \_\_\_\_\_

Do you have trouble going to sleep or sleeping through the night? ..... \_\_\_\_\_

Are you experiencing menopausal symptoms? ..... \_\_\_\_\_

Do you frequently experience food cravings?..... \_\_\_\_\_

Do you frequently eat when you are not hungry? ..... \_\_\_\_\_

Do you often feel stressed out? ..... \_\_\_\_\_

Do you ever feel bloated or uncomfortable after eating? ..... \_\_\_\_\_

Are you taking over-the-counter medications regularly? ..... \_\_\_\_\_

Do you take pharmaceutical drugs? ..... \_\_\_\_\_

Part II Sub-Total ..... \_\_\_\_\_

Total points for survey

## Scoring System

### **under 20 points**

You are doing a great job. Of course, it would be best if you scored no points, but no one is perfect! Keep working at maintaining dietary excellence and optimal habits.

### **21-35 points**

Although you are doing a lot of the right things, your risk of developing degenerative diseases is elevated and there is room for improvement.

### **36-50 points**

Your diet and lifestyle are in need of improvement in order to reduce your risk of diseases like cardiovascular disease, cancer and diabetes. Best to start now!

### **51-65 points**

Immediate changes are needed, as your risk is quite high.

### **66 or higher**

You are in the highest risk category for developing conditions associated with poor diet and lifestyle.

**See next page for guidelines for dietary excellence and optimal habits.**



# Dietary Excellence and Optimal Habits

## Guidelines for diet:

- Start the day with a healthy breakfast, and eat several small meals throughout the day
- Consume a plant-based diet with 90% of calories from fruits, vegetables, whole grains and legumes
- Consume animal foods sparingly, and eliminate cow's milk products
- Make water your first choice beverage and drink at least 64 ounces daily
- Reduce your consumption of processed and highly refined foods
- Increase your fiber consumption
- Decrease fat consumption

## Guidelines for living:

- Go to bed early – an hour of sleep before midnight is worth two hours after
- Change situations that cause you stress or change your response to stress
- Take a personal inventory and improve those things that would help you to feel better about yourself

## Exercise:

- An optimal plan includes spending 45-60 minutes in your target heart zone 5-6 days per week
- A combination of weight training, aerobic exercise and stretching is best

## Symptoms:

- Symptoms like fatigue, digestive disorders and excess weight are signs that you need to make improvements in your diet and lifestyle. Do so before you develop a serious health condition – it is easier to prevent than reverse disease!