

List 3 major health goals. Name: \_\_\_\_\_ Date: \_\_\_\_\_ Reassessment Date: \_\_\_\_\_

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Circle the appropriate number 0-3 on all questions below. 0 (green light) as **never a problem**, 3 (red light) as **almost always**.

## DIGESTION

	<span style="color: green;">●</span>	<span style="color: yellow;">●</span>	<span style="color: orange;">●</span>	<span style="color: red;">●</span>
<b>Alternating constipation and diarrhea</b> . . . . .	0	1	2	3
Diarrhea . . . . .	0	1	2	3
<b>Constipation</b> . . . . .	0	1	2	3
Coated tongue or "fuzzy" debris on tongue . . . . .	0	1	2	3
<b>Frequent use of laxatives</b> . . . . .	0	1	2	3
Stomach pain, burning or aching 1-4 hours after eating . . . . .	0	1	2	3
<b>Feeling hungry an hour or two after eating</b> . . . . .	0	1	2	3
Temporary relief from antacids, food, milk, carbonated beverages . . . . .	0	1	2	3
<b>Bitter metallic taste in mouth, especially in the morning</b> . . . . .	0	1	2	3
Unexplained itchy skin . . . . .	0	1	2	3
<b>Stool color alternates from clay colored to normal brown.</b> . . . . .	0	1	2	3
Excessive belching, burping or bloating . . . . .	0	1	2	3
<b>Difficulty digesting fruits/vegetables; undigested foods found in stools</b> . . . . .	0	1	2	3
Roughage and fiber cause constipation . . . . .	0	1	2	3
<b>Increased thirst and appetite</b> . . . . .	0	1	2	3
History of gallbladder attacks or stones . . . . .	0	1	2	3
<b>Have you had your gallbladder removed?</b> . . . . .	yes			no
Bad breath . . . . .	yes			no
<b>Body odor</b> . . . . .	yes			no

Add up the number of 0s, 1s, 2s, and 3s in each column.

**TOTALS:** 0 \_\_\_\_\_ 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

## NERVOUS SYSTEM

	<span style="color: green;">●</span>	<span style="color: yellow;">●</span>	<span style="color: orange;">●</span>	<span style="color: red;">●</span>
<b>Have difficulty falling asleep</b> . . . . .	0	1	2	3
Have difficulty staying asleep . . . . .	0	1	2	3
<b>Wake tired</b> . . . . .	0	1	2	3
Get ill often . . . . .	0	1	2	3
<b>Numbness and/or tingling in hands or feet</b> . . . . .	0	1	2	3
Frequent headaches . . . . .	0	1	2	3
<b>Limited flexibility</b> . . . . .	0	1	2	3
History of severe falls . . . . .	0	1	2	3
<b>Have poor concentration</b> . . . . .	0	1	2	3
Wake up with pain . . . . .	0	1	2	3
<b>Go to bed with pain</b> . . . . .	0	1	2	3
Take over-the-counter pain medication . . . . .	0	1	2	3
<b>Take prescription pain medication</b> . . . . .	0	1	2	3
Multiple accidents (car, bike, abuse) . . . . .	0	1	2	3
<b>Have a condition that is unidentified by my medical doctor</b> . . . . .	yes			no

Add up the number of 0s, 1s, 2s, and 3s in each column.

**TOTALS:** 0 \_\_\_\_\_ 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

## BLOOD SUGAR

	●	●	●	●
<b>Crave sweets during the day</b> . . . . .	0	1	2	3
Irritable if meals are missed . . . . .	0	1	2	3
<b>Must have sweets after meals.</b> . . . . .	0	1	2	3
Depend on coffee to keep yourself going or started . . . . .	0	1	2	3
<b>Eating relieves fatigue.</b> . . . . .	0	1	2	3
Agitated, easily upset, nervous . . . . .	0	1	2	3
<b>Poor memory, forgetful</b> . . . . .	0	1	2	3
Blurred vision. . . . .	0	1	2	3
<b>Frequent urination.</b> . . . . .	0	1	2	3

Add up the number of 0s, 1s, 2s, and 3s in each column.

**TOTALS:** 0 \_\_\_\_\_ 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

## HORMONES

	●	●	●	●
<b>Cannot fall asleep</b> . . . . .	0	1	2	3
Cannot stay asleep . . . . .	0	1	2	3
<b>Crave salt</b> . . . . .	0	1	2	3
Dizziness when standing up quickly . . . . .	0	1	2	3
<b>Headaches with exertion or stress</b> . . . . .	0	1	2	3
Weak nails . . . . .	0	1	2	3
<b>Tired, sluggish</b> . . . . .	0	1	2	3
Feel cold – hands, feet, all over . . . . .	0	1	2	3
<b>Depression</b> . . . . .	0	1	2	3
Lack of motivation . . . . .	0	1	2	3
<b>Outer third of eyebrow thins</b> . . . . .	0	1	2	3
Thinning hair on scalp, face or genitals or excessive hair falling out . . . . .	0	1	2	3
<b>Mental sluggishness.</b> . . . . .	0	1	2	3
Excessive perspiration . . . . .	0	1	2	3
<b>Perspiration with little or no activity</b> . . . . .	0	1	2	3
Heart palpitations . . . . .	0	1	2	3
<b>Inward trembling</b> . . . . .	0	1	2	3
Increased pulse even at rest . . . . .	0	1	2	3
<b>Under high amounts of stress.</b> . . . . .	0	1	2	3
Perspire easily . . . . .	0	1	2	3

Add up the number of 0s, 1s, 2s, and 3s in each column.

**TOTALS:** 0 \_\_\_\_\_ 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

## FEMALE HORMONES

	●	●	●	●
<b>Pain and cramping during periods</b> . . . . .	0	1	2	3
Breast pain and swelling during menses. . . . .	0	1	2	3
<b>Irritable and/or depressed during menses</b> . . . . .	0	1	2	3
Pelvic pain during menses . . . . .	0	1	2	3
<b>Acne break outs</b> . . . . .	0	1	2	3
Hot flashes/Night Sweats . . . . .	0	1	2	3
<b>Mental fogginess</b> . . . . .	0	1	2	3
Disinterest in sex . . . . .	0	1	2	3
<b>Mood swings.</b> . . . . .	0	1	2	3
Facial hair growth . . . . .	0	1	2	3

Add up the number of 0s, 1s, 2s, and 3s in each column.

**TOTALS:** 0 \_\_\_\_\_ 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

## MALE HORMONES

				
<b>Urination difficulty or dribbling.</b> . . . . .	0	1	2	3
Frequent urination . . . . .	0	1	2	3
<b>Feeling of incomplete bowel evacuation</b> . . . . .	0	1	2	3
Facial hair Growth . . . . .	0	1	2	3
<b>Leg nervousness at night</b> . . . . .	0	1	2	3
Decrease in libido . . . . .	0	1	2	3
<b>Decrease in fullness of erections</b> . . . . .	0	1	2	3
Spells of mental fatigue . . . . .	0	1	2	3
<b>Increase in fat distribution - chest and hips</b> . . . . .	0	1	2	3

Add up the number of 0s, 1s, 2s, and 3s in each column.

**TOTALS:** 0 \_\_\_\_\_ 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

## OTHER

				
<b>I spend 2+ hours on social media daily.</b> . . . . .	0	1	2	3
I spend 2+ hours watching TV or playing video games . . . . .	0	1	2	3
<b>I eat dinner or snacks after 8 PM regularly.</b> . . . . .	0	1	2	3
I regularly sleep less than 7 hours a night . . . . .	0	1	2	3
<b>I have negative thoughts and feelings about my body</b> . . . . .	0	1	2	3
I smoke or use other tobacco/nicotine products . . . . .	0	1	2	3
<b>I am concerned about my alcohol intake.</b> . . . . .	0	1	2	3
I am concerned about my memory . . . . .	0	1	2	3
<b>Food intolerance to Gluten/Wheat</b> . . . . .	yes	no	unknown	
Food intolerance to Dairy . . . . .	yes	no	unknown	
<b>Food intolerance to Corn</b> . . . . .	yes	no	unknown	
Food intolerance to Eggs . . . . .	yes	no	unknown	
<b>Food intolerance to Peanuts</b> . . . . .	yes	no	unknown	
Appetite level . . . . .	good	ok	bad	
Sleep Quality . . . . .	good	ok	bad	
<b>Mood.</b> . . . . .	good	ok	bad	
Energy level/Vitality . . . . .	high	average	low	
<b>Stress level.</b> . . . . .	high	average	low	

Add up the number of 0s, 1s, 2s, and 3s in each column.

**TOTALS:** 0 \_\_\_\_\_ 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_



- **Mostly 3s (Red Lights):** You need to stop, make a course correction and take action in that area.
- **Mostly 2s (Yellow/Red Lights):** You need to use caution, pay attention and start making changes.
- **Mostly 1s (Yellow Lights):** You can try introducing some minor changes into your life to improve.
- **Mostly 0s (Green Lights):** You're doing good in that area, keep moving.

Think of it as if you are driving across country with a GPS. The more often you stop, pull off the road or take a detour (red), the more the GPS has to reroute itself. When the GPS is having to constantly recalculate and reroute, more energy is used, and your journey can become complicated. You need to make a course correction and take action to stay on the clearest route to wellness.